

Name  
in  
Full

Santi Antonio Arena

## CERTIFICATE OF DEATH

Died at *Hagerstown*

Town

*Washington*

County

MARYLAND

Date  
of death 1908

Month

12

Day

9

Age

Years

2

Months

6

Days

5

Sex

*Male*Color or  
Race*White*Birth-  
place*Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Santi Antonio Arena*Father's  
Birthplace*Italy*Mother's  
Maiden Name*Lucy M. Burger*Mother's  
Birthplace*Md*Name of person giving  
In formation*Santi A. Arena*How related  
to deceased*Father*

## CAUSES OF DEATH

92

Primary

*Broncho Pneumonia*

How long

*16 days*

Immediate

*Exhaustion*

How long

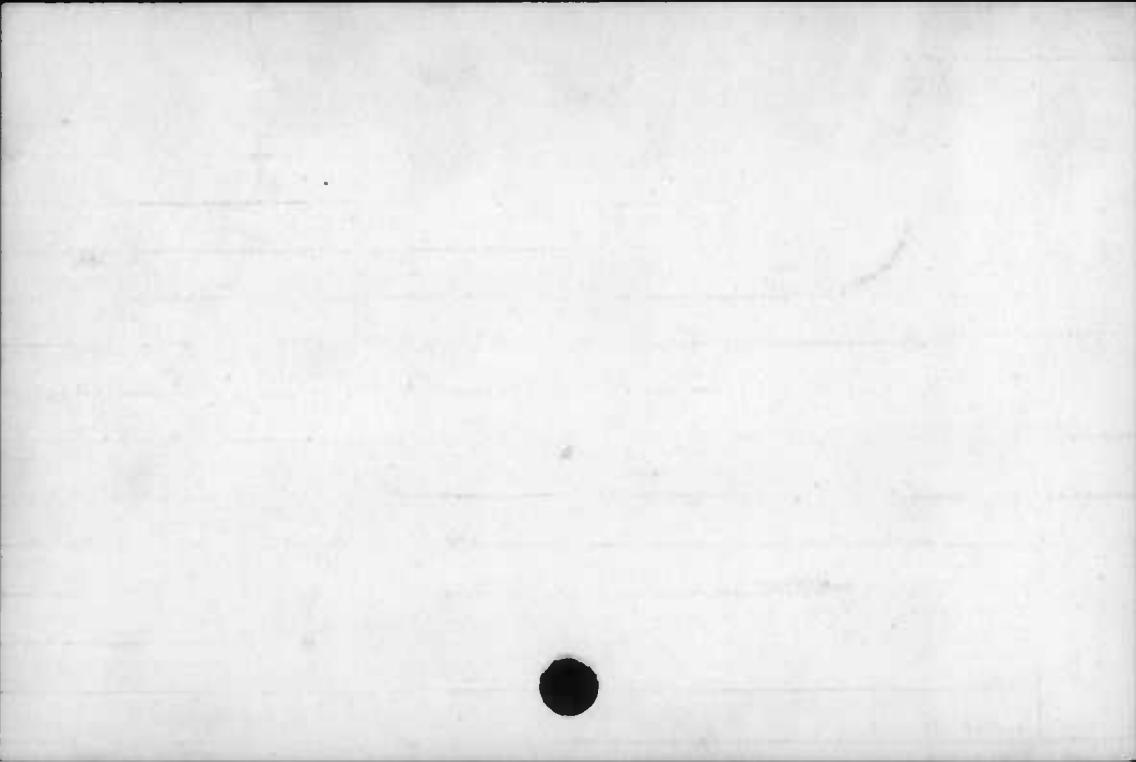
*as*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*W. Miller Jr.*

Address

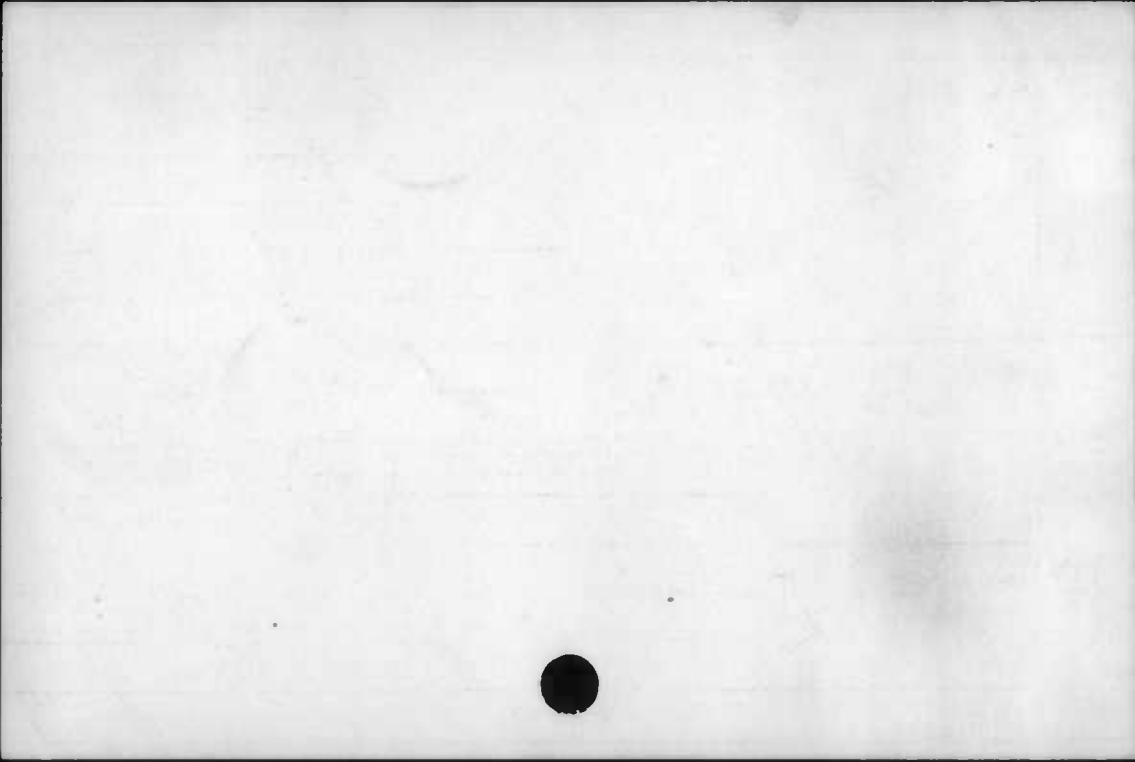
*914 E. 2nd St.*

Accident or Suicide?

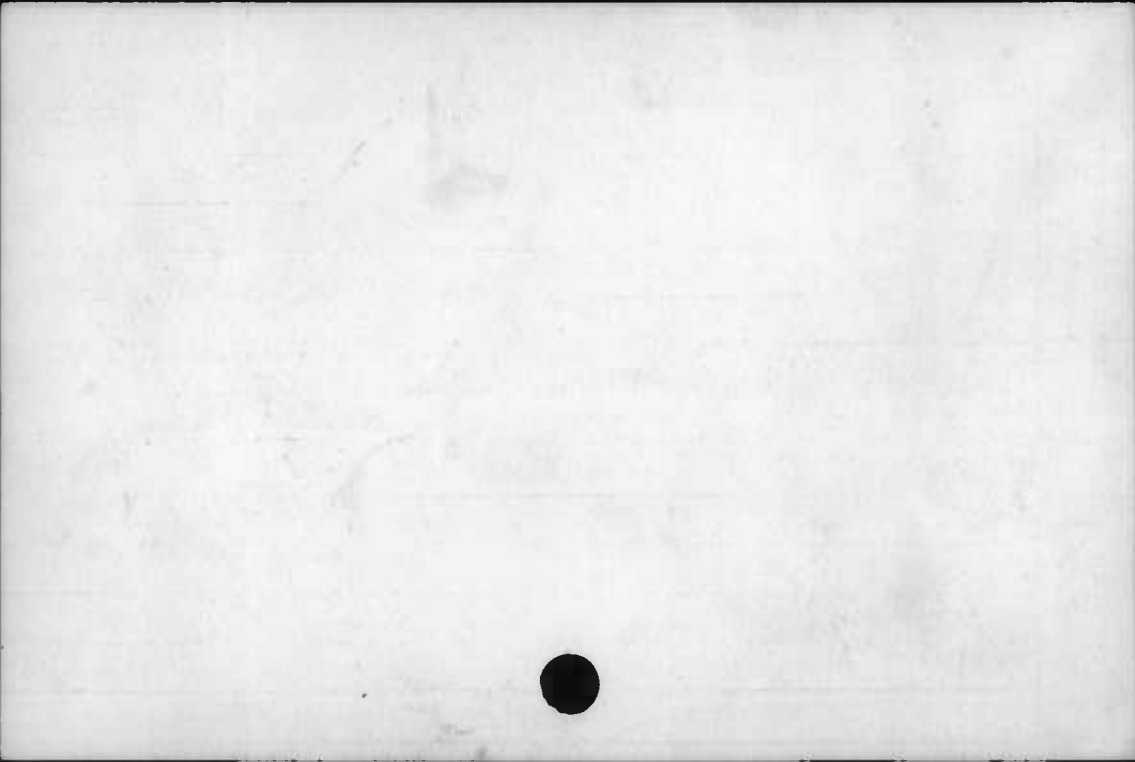
*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Sallie J. Baechtel				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Hagerstown		<sup>County</sup> Washington		MARYLAND									
		Date of death	1908	Month	12	Day	1	Age	66	Years		Months		Days	
		Sex	Female		Color or Race	white		Birth-place	Md						
		Occupation	Housewife		Where Residing if not at place of death										
		Married, Single or Widowed	Married		Name of Wife or Husband	Charles E. Baechtel									
Father's Name		Nathan M. Drnell				Father's Birthplace		Unknown							
Mother's Maiden Name		Emily Gabby				Mother's Birthplace		Unknown							
Name of person giving information		Charles E. Baechtel				How related to deceased		Husband							
		CAUSES OF DETH				43									
PHYSICIAN OR CORONER		Primary Cause of Death				How long		One year							
		Secondary Cause of Death				How long		several months.							
		Are the name, age, sex, color, date and place correctly given above?				Yes									
		Signature of Physician				J. M. Scott									
		Address				Hagerstown									
		Accident or Suicide?													



Name in Full		Town				County		CERTIFICATE OF DEATH			
John W. Baker		New Beathedsville				Berk		MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days		
1908		12		30	5-2	1					
Sex		Male		Color or Race		White		Birth-place		Beathedsville.	
Occupation		Farmer		Where Residing if not at place of death		Beathedsville					
Married, Single or Widowed		married		Name of Wife or Husband		Florence Baker					
Father's Name		Livi Baker		Father's Birthplace		Beathedsville					
Mother's Maiden Name		Barbara Ferry		Mother's Birthplace		Trenton					
Name of person giving information		Chas. Baker		How related to deceased		Son					
CAUSES OF DEATH											
Primary		Typhoid Fever				How long		6 weeks.			
Immediate		Exhaustion, Perforation.				How long		Sudden.			
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		J. Hubert Wade, M.D.			
						Address		Baltimore.			
Accident or Suicide?		No.						Md.			



Name  
in  
Full

Ross A Bicket

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Dec	16	21		8	19
Sex	Male		Color or Race	White		Birth-place	Dauphin
Occupation	Bridgebuilder			Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Francis L. Satterfield			
Father's Name	Joseph Bicket			Father's Birthplace	Dauphin		
Mother's Maiden Name	Florence J. Bicket			Mother's Birthplace	"		
Name of person giving information	Francis Bicket			How related to deceased	Wife		

PHYSICIAN  
OR CORONER

Primary		CAUSES OF DEATH		166	
Internal Injuries		femur		How long	
Immediate		Shock		How long	
One hour					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
Collapse of bridge				Ernest H. Gauthier	
Accident or Suicide?		Accident		Address	
				Williamport, Md	

Intima in  
Dauphin Pa

Dec 17, 1908

J F Kupe  
Undertaker

H. W. P. K.

M a



Name  
in  
Full

Sallie Elizabeth Birk.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

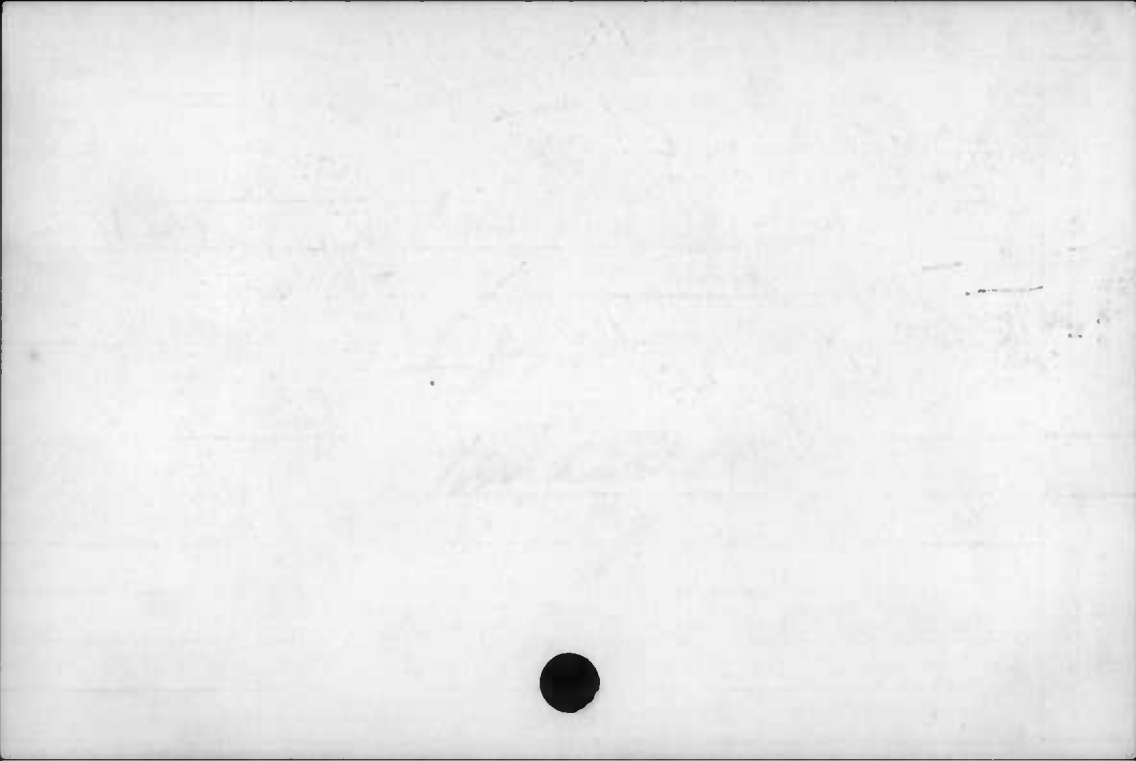
Died at		Town Lunkstern		County Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		12	15	30		11	10
Sex		Color or Race		Birth-place			
Female		White		Downtown			
Occupation		Where Residing if not at place of death					
Housewife		Lunkstern					
Married, Single or Widowed		Name of Wife or Husband					
Married		Chas E. Burke					
Father's Name		Father's Birthplace					
Jacob R. Reed		Dont no					
Mother's Maiden Name		Mother's Birthplace					
Ellen Arty		Dont no					
Name of person giving information		How related to deceased					
Chas E. Birk		Husband					

CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary		How long	
Puerperal Sepsis		7 day	
Immediate		How long	
Toxemia Exhaustion		2 "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. D. Miller	
		Address	
		Wag. road	
Accident or Suicide?			
no			



Name  
in  
Full

Urras Bowman.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Benevola</i>		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month <i>Dec.</i>	Day <i>3</i>	Age Years	<i>57</i>	Months	<i>8</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Maryland</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name	<i>Joel Bowman</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Ruth Young</i>				Mother's Birthplace	<i>Pennsylvania</i>	
Name of person giving In formation	<i>Elmer Christophers</i>				How related to deceased	<i>Nephew</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Disease of Heart</i>	How long	<i>18 months</i>
Immediate	<i>Dropsy &amp; Heart Failure</i>	How long	<i>12 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Hubert Wade, M.D.</i>
		Address	<i>Bonsboro.</i>
Accident or Suicide?	<i>No</i>		<i>Ind.</i>



Name in Full <b>Mary June Braton</b>		CERTIFICATE OF DEATH	
Died at <b>Hagerstown Md</b>		County <b>Washington</b>	
Date of death <b>1908 Dec 19</b>		Age <b>83</b>	
Sex <b>female</b>		Color or Race <b>light brown</b>	
Occupation <b>Homemaker (retired)</b>		Where Residing if not at place of death <b>Hearnes Alley</b>	
Married, Single or Widowed <b>widow</b>		Name of Wife or Husband <b>Thomas D. Braton</b>	
Father's Name <b>Levie Fleece</b>		Father's Birthplace <b>Annapolis Md</b>	
Mother's Maiden Name <b>Fanna Fleece</b>		Mother's Birthplace <b>Pound Hill Va</b>	
Name of person giving information <b>Annie Brooks</b>		How related to deceased <b>daughter</b>	
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH	
		154	
PHYSICIAN OR CORONER		Primary <b>Senility</b>	
		Immediate <b>&amp; haemiparesis</b>	
		Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	
		Signature of Physician <b>J. C. Pittsough H.O.</b>	
Accident or Suicide? <b>no</b>		Address <b>Hagerstown Md</b>	

Wagon  
Harping

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Name  
in  
Full

George Brining

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beaver Creek</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>8</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age <i>10</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>William E. Brining</i>			Father's Birthplace <i>Washington Co.</i>		
Mother's Maiden Name <i>Mary E. Ruddy</i>			Mother's Birthplace <i>Washington Co.</i>		
Name of person giving information <i>William E. Brining</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long
Immediate	<i>Premature Birth</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Clark Sub Registrar</i>
		Address <i>Beaver Creek Md.</i>
Accident or Suicide?		





Name  
in  
Full

Charles Edward Bootman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Pleasant</i>		Town <i>Washington</i>		County <i>Papaw</i>		STATE <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>21st</i>		Age <i>55</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Months <i>9</i>		Days <i>2</i>	
Birth-place <i>Anneapolis Md</i>		Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Died at home</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida</i>		<i>Roof</i>			
Father's Name <i>Benjamin B Bootman</i>		Father's Birthplace <i>Virginia</i>		<i>Frederick</i>			
Mother's Maiden Name <i>Mary J Harper</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>H. J. Bootman</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>about 7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of <i>Wm. J. Bootman</i>	
<i>(Pneumonia death)</i>		Address <i>Anneapolis Md</i>	
Accident or Suicide?			

Signed By.

W. T. Bootman

Hamock Hill

Name  
in  
Full

Susan Ellen Brown

## CERTIFICATE OF DEATH

Town

Brownsville

County

Washington

MARYLAND

Died at

Date

of death 1908

Month

12

Day

1

Age

Years

68

Months

9

Days

29

Sex

Female

Color or  
Race

White

Birth-  
place

M. d

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Cornelius Brown

Father's  
Name

John Koontz

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Sarah Fink

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Cornelius Brown

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Organic Heart trouble

How long

3 years

Immediate

Mitral insufficiency

How long

4 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

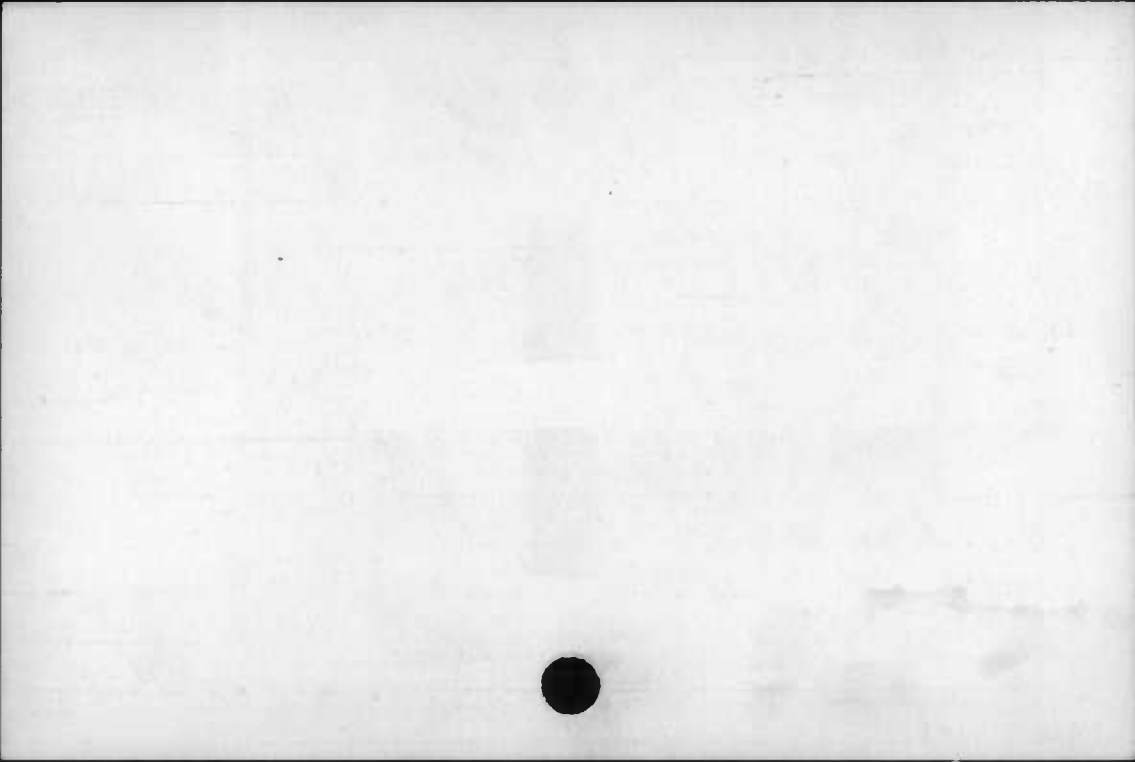
Address

J. J. Gervette,  
Brownsville

Accident or Suicide?

Maryland

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		still Born - Burke				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hagerstown</u> <sup>Town</sup>		<u>P.F.D.</u>		<u>Wash</u> <sup>County</sup>		MARYLAND
	Date of death <u>1908</u>		Month <u>12</u>	Day <u>7</u>	Age <u>✓</u>	Months <u>✓</u>	Days <u>✓</u>
	Sex <u>Male</u>		Color or Race <u>White -</u>			Birth-place <u>P.F.D. Hy Md</u>	
	Occupation <u>✓</u>			Where Residing if not at place of death <u>✓</u>			
	Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>				
	Father's Name <u>Charles E. Burke -</u>					Father's Birthplace <u>Me.</u>	
	Mother's Maiden Name <u>Sallie E. Reed -</u>					Mother's Birthplace <u>Me</u>	
	Name of person giving information <u>Chas E. Burke</u>					How related to deceased <u>Father.</u>	
CAUSES OF DEATH							8
PHYSICIAN OR CORONER	Primary <u>Delayed Labor</u>				How long <u>6 hours -</u>		
	Immediate <u>.. ..</u>				How long <u>✓</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Wm Swiller</u>		
					Address <u>Hager Md</u>		
	Accident or Suicide? <u>No</u>						

Mödelburg

Name  
In  
Full

Shelden. Clark.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

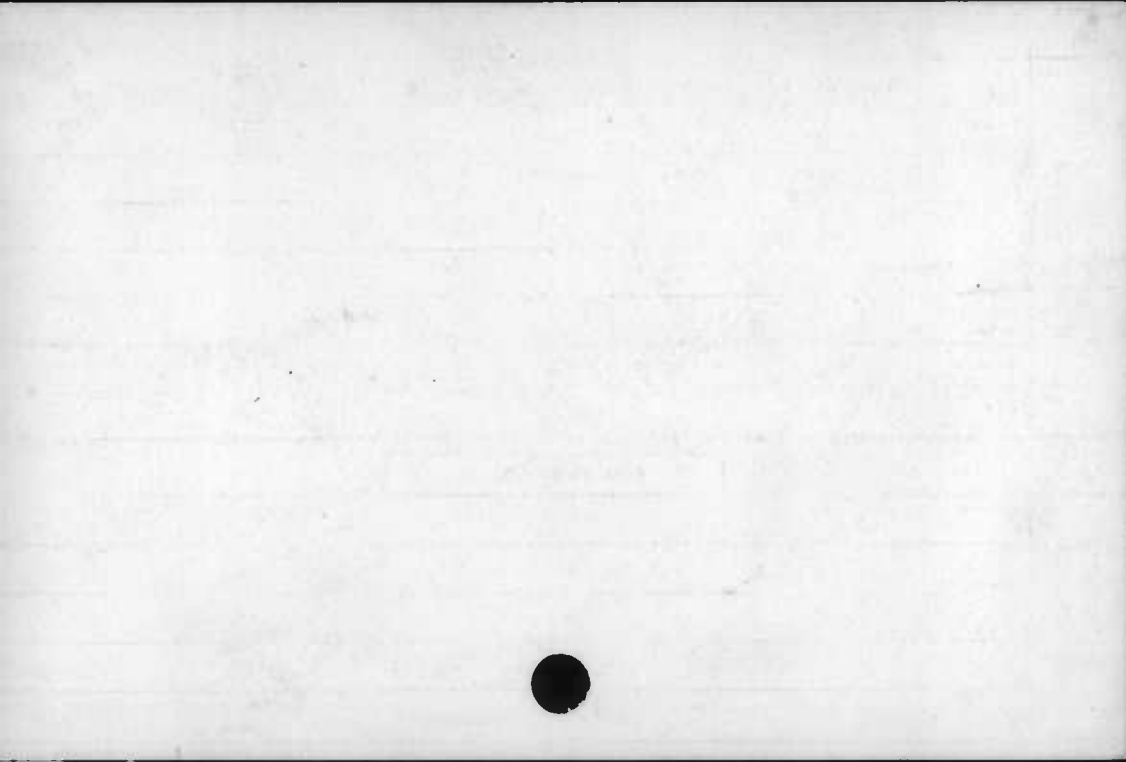
Died at		Town		County		MARYLAND	
Date of death	1908	Month	12	Day	15	Age	29
Sex	Male		Color or Race	Black		Birth-place	Sharpsburg
Occupation	Laborer		Where Residing if not at place of death		Hagerstown		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Samuel Clark		Father's Birthplace				
Mother's Maiden Name	Amanda Bachman		Mother's Birthplace				
Name of person giving information	Samuel Clark		How related to deceased				

## CAUSES OF DEATH

27

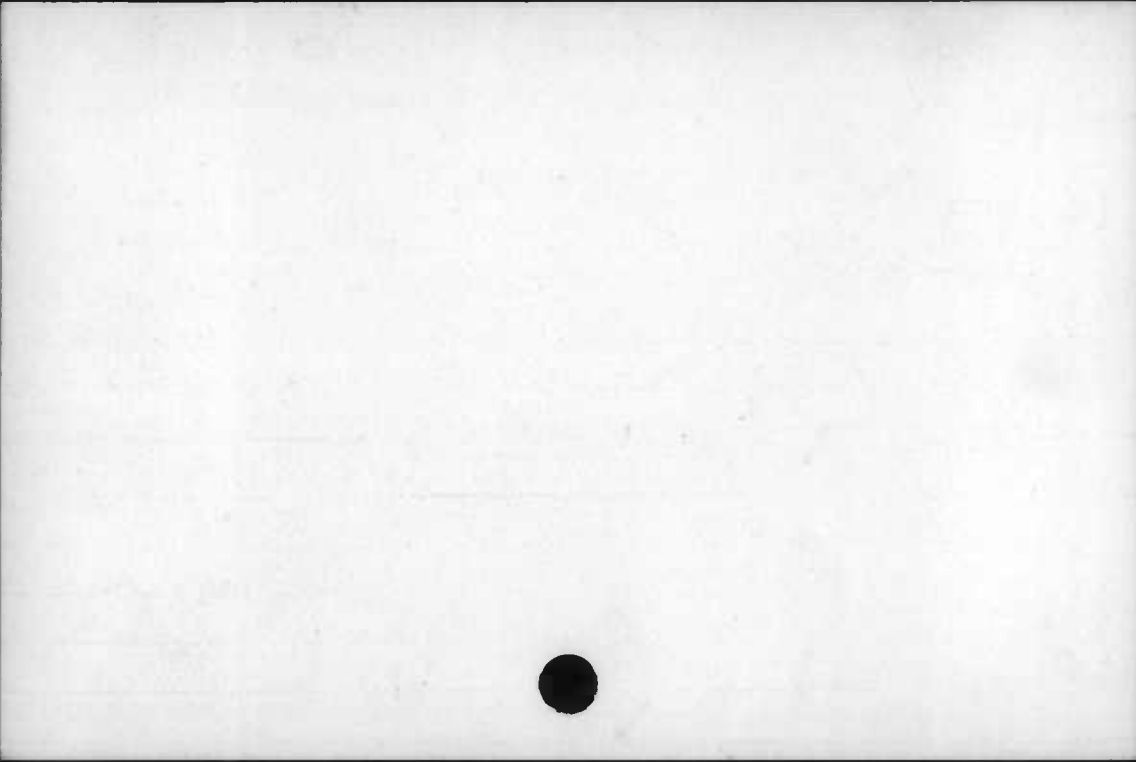
PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	(?)
Immediate	Exhaustion	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Victor D. Smith
		Address	Hagerstown Md
Accident or Suicide?	No		





Name in Full <b>David E. Easterday</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Boonsboro</b>	Town <b>Boonsboro</b>	County <b>Washington</b>
	Date of death <b>1908 Dec 29</b>		Age <b>67</b>
	Sex <b>Male</b>		Color or Race <b>White</b>
	Occupation <b>Farmer</b>		Where Residing If not at place of death <b>Maryland</b>
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Catherine Harmon</b>	
	Father's Name <b>Christine Easterday</b>	Father's Birthplace <b>Maryland</b>	
	Mother's Maiden Name <b>Betsy Green</b>	Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>Catherine Easterday</b>		How related to deceased <b>wife</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Cystitis (Chronic)</b>	How long <b>10 years</b>	
	Immediate <b>Extreme Exhaustion, Heart Failure</b>	How long <b>Sudden</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Hubert M. M. M.D.</b>	
		Address <b>Boonsboro, Md.</b>	
	Accident or Suicide? <b>No</b>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Faulder

Died at <sup>Town</sup> *Smoketown*<sup>County</sup> *Washington*

MARYLAND

Date of death <sup>Month</sup> *Dec* <sup>Day</sup> *9*Age <sup>Years</sup> *73* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Male*Color or Race *white*Birth-place *Washington Co*Occupation *Laborer*

Where Residing if not at place of death

*Smoketown*~~Married~~ *Widowed*Name of Wife or Husband *Amelia Snyder*Father's Name *Daniel Faulder*Father's Birthplace *Washington Co*Mother's Maiden Name *Lydja Foych*Mother's Birthplace *Frederick Co*Name of person giving information *Emma Marty*How related to deceased *Daughter*

## CAUSES OF DEATH

154

Primary

How long

Immediate

How long *About 1 year*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *E. J. Smith*

Address

*Barnsboro*

Accident or Suicide?

*Ind*



Name  
in  
Full

Hattie B. Fitz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Wash  
 Date of death 1908 <sup>Month</sup> 12 <sup>Day</sup> 29 Age <sup>Years</sup> 74 <sup>Months</sup> 10 <sup>Days</sup> 13  
 Sex Female Color or Race white Birth-place N.Y.  
 Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed married Name of ~~Wife~~ Husband Reuben Fitz  
 Father's Name Clinton Decker Father's Birthplace N.Y.  
 Mother's Maiden Name Rachel Ann Van Strander Mother's Birthplace N.Y.  
 Name of person giving Information Reuben Fitz How related to deceased husband

## CAUSES OF DEATH

Primary Paralysis How long 66 Some months  
 Immediate Heart How long Same month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas B. Anglin  
 Hagerstown Md

Accident or Suicide

PHYSICIAN  
OR CORONER

2952.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Flagerstown</i>		Town <i>Flagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>12</i>	Day <i>1</i>	Years <i>70</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Gallison</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Charlotte Miller</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>William Gallison</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Morrison</i>
<i>No</i>	Address <i>Flagerstown Ind</i>
Accident or Suicide? <i>No</i>	

Costume  
page 412



Name  
in  
Full

Lewis Harvey Gardner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

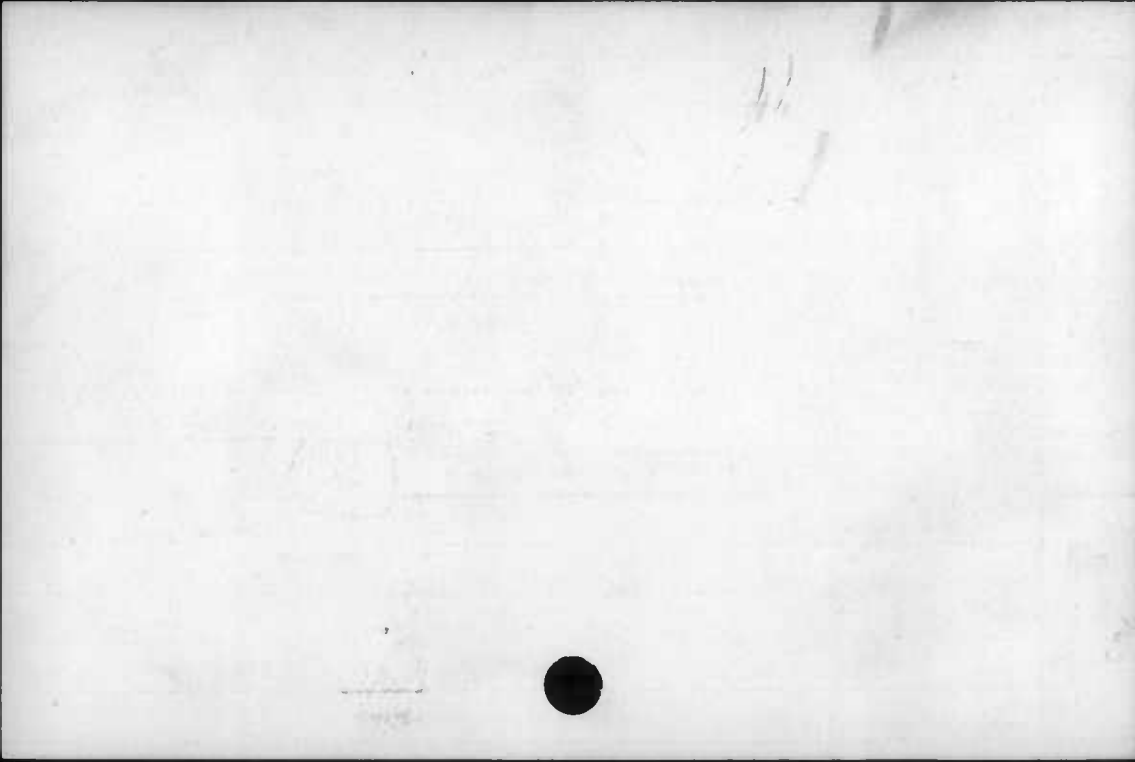
Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1908	Month	12	Day	21
Age	56	Years		Months	5
Sex	male	Color or Race	white	Birth-place	Pa.
Occupation	R. R. Engineer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife	Laura Gardner		
Father's Name	Robert Gardner		Father's Birthplace	Tenn.	
Mother's Maiden Name	Rebecca Riley		Mother's Birthplace	"	
Name of person giving information	Clarence Gardner		How related to deceased	son	

## CAUSES OF DEATH

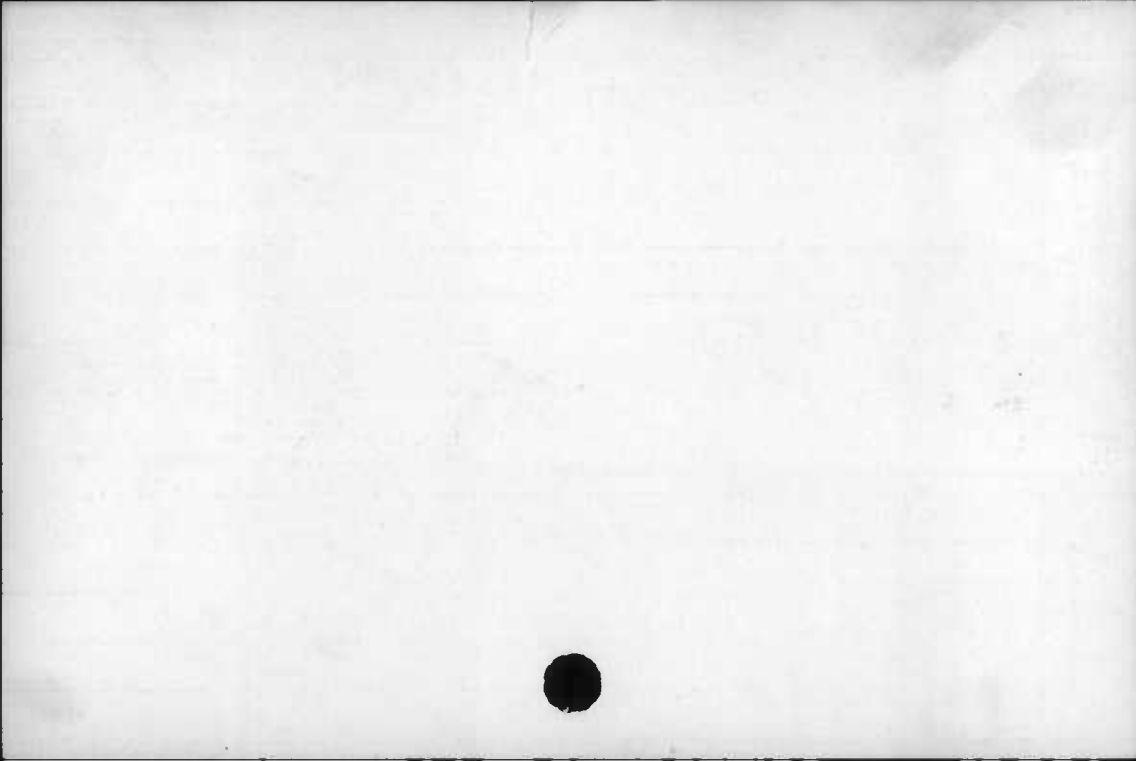
50

PHYSICIAN  
OR CORONER

Primary	Diabetes	How long	several years
Immediate	Gangrene, left foot and leg.	How long	for some time
Are the name, age, sex, color, date and place correctly given above?	yes	How long	some time
Signature of Physician	Chas. D. Doyle M.D.		
Address			
Accident or Suicide?			



Name in Full		Flourance Lulu Grimes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Kinspit Town		Washington County		MARYLAND	
	Date of death	1908	Dec	8	Age	1	Months 1 Days 9
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Geo. W. Grimes				Father's Birthplace	md
	Mother's Maiden Name	Pearl Malford				Mother's Birthplace	md
Name of person giving information	Geo. Grimes				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Laryngeal Diphtheria				How long	72 hours
	Immediate	Laryngeal Stenosis				How long	2 hrs
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				V. M. Reuchard		
	Address				Fairplay.		
Accident or Suicide?							



Name  
in  
Full

Charley Gussler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1908	Month Dec	Day 16	Age 46	Years 8	Months Days
Sex Male		Color or Race White		Birth-place			
Occupation Bridge builder		Where Residing if not at place of death New Bloomfield Pa					
Married, Single or Widowed Married		Name of Wife or Husband Catherine Gussler					
Father's Name David Gussler		Father's Birthplace don't know					
Mother's Maiden Name Jennie Black		Mother's Birthplace "					
Name of person giving information B & L Uplergrove		How related to deceased 3 <sup>rd</sup> Brother					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Concussion of Brain & Internal Injuries		How long 14 hours	
Immediate Exhaustion		How long 14 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. W. [unclear]	
Address Hagerstown Md		Address Hagerstown Md	
Accident coach		Accident coach	

Decr 17<sup>th</sup> 1908

J. F. Kueper

Undertaker

Harrisburg

Pa

Interment Harrisburg Pa

Name  
in  
Full

Mary Elizabeth Guesford

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Rock Hill<sup>County</sup> Washington

MARYLAND

Date of death 1908 Dec

Day 22

Age 65

Months 9

Days 27

Sex Female

Color or Race White

Birthplace Blairsville

Occupation Housekeeper

Where Residing if not at place of death

Williamsport Md

Married, Single or Widowed Widow

Name of Wife or Husband

Martin Guesford

Father's Name Hiram Willey

Father's Birthplace Blairsville

Mother's Maiden Name Sallie Winé Bremner

Mother's Birthplace "

Name of person giving information Mollie Myers

How related to deceased Daughter

## CAUSES OF DEATH

40

Primary Carcinoma of Stomach.

How long 2 years.

Immediate Exhaustion.

How long 4 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Ernest H. Gauthier

Address

Williamsport

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Dec. 23<sup>rd</sup> / 1908

J. F. Kreps.

Undertaker

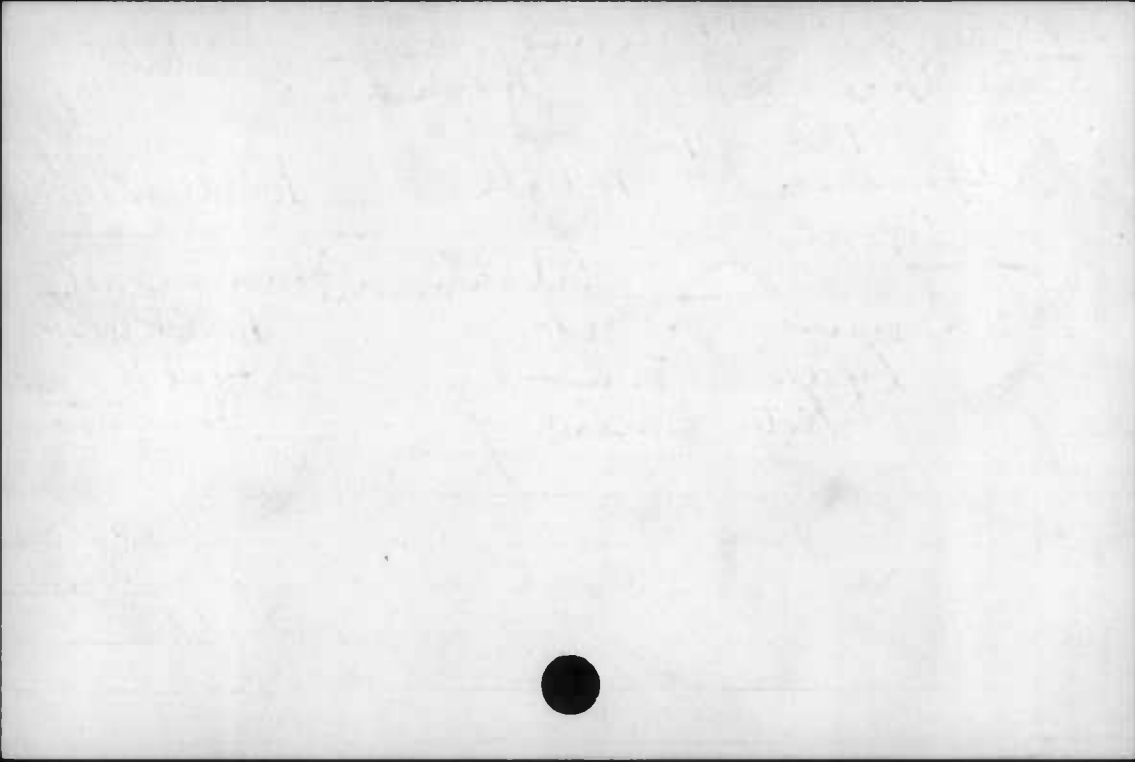
Williamport Md.

Interred at St Paul Cemetery

Near Clearspring, Md.



Name in Full		Elizabeth Hammond				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Kandysville	County Wash	State MARYLAND		
		Date of death		1908	Month 12	Day 1	Age 75	Months 11
		Sex		Female		Color or Race	White	
		Occupation		None		Birth-place	Kandysville	
						Where Residing if not at place of death		
		Married, Single or Widowed		Name of <del>Wife or</del> Husband Abraham Hammond				
		Father's Name		Samuel Dore		Father's Birthplace		Don't Know
		Mother's Maiden Name		Lydia Stover		Mother's Birthplace		Don't Know
		Name of person in information		Mrs. Kate Smiley		How related to deceased		Daughter
		CAUSES OF DEATH						104
PHYSICIAN OR CORONER		Primary		Bronchitis		How long		Several years
		Immediate		Acute Indigestion		How long		2 hours.
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. J. Smith
						Address		Barnsboro Ind
		Accident or Suicide?						



Name  
in  
Full

Mr Lewis

Harbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

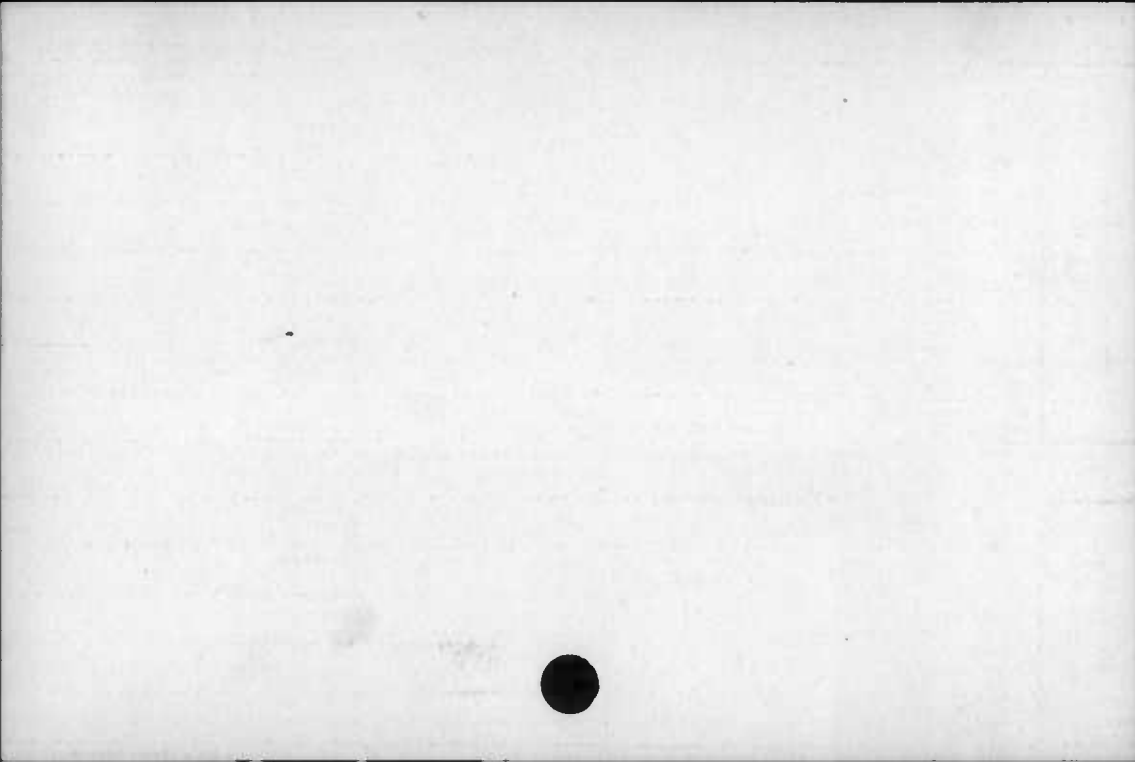
Died at <i>Edgemont</i>		Town <i>Harbaugh</i>		County <i>Starrington</i>		MARYLAND	
Date of death	1908	Month	12	Day	11	Age	59
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sabillasville</i>		Months <i>9</i> Days <i>6</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Edgemont</i>					
Married, <del>Single</del> <i>Married</i>		Name of Wife or <del>husband</del> <i>Alice Harbaugh</i>					
Father's Name <i>Daniel Harbaugh</i>		Father's Birthplace <i>Sabillasville</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>					
Name of person giving information <i>Alice Harbaugh</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Acute Intestinal Indigestion</i>	How long	<i>7 Days</i>
Immediate	<i>Peritonitis (General)</i>	How long	<i>4 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. O. K. Kefauver</i>	
		Address <i>Smithsburg Maryland</i>	
Accident or Suicide?			



Name in Full		St. 4 Born - (7 month. ) Heckman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Magerothin		County Hask.		MARYLAND
	Date of death	1908	Month	12	Day	18	Age
	Sex		Female		Color or Race		White
	Occupation				Birth-place		Ind
	Where Residing if not at place of death				Years		Months
	Days						
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John C Heckman				Father's Birthplace	
Mother's Maiden Name		Margie Daley				Mother's Birthplace	
Name of person giving information		John C Heckman				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still Born - 7 month o. Cause. (?)				How long
	Immediate		Fetus much macerated				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Address		Hag. Ind.				
Accident or Suicide?		No					

2943

18

Mr. C. Beckman

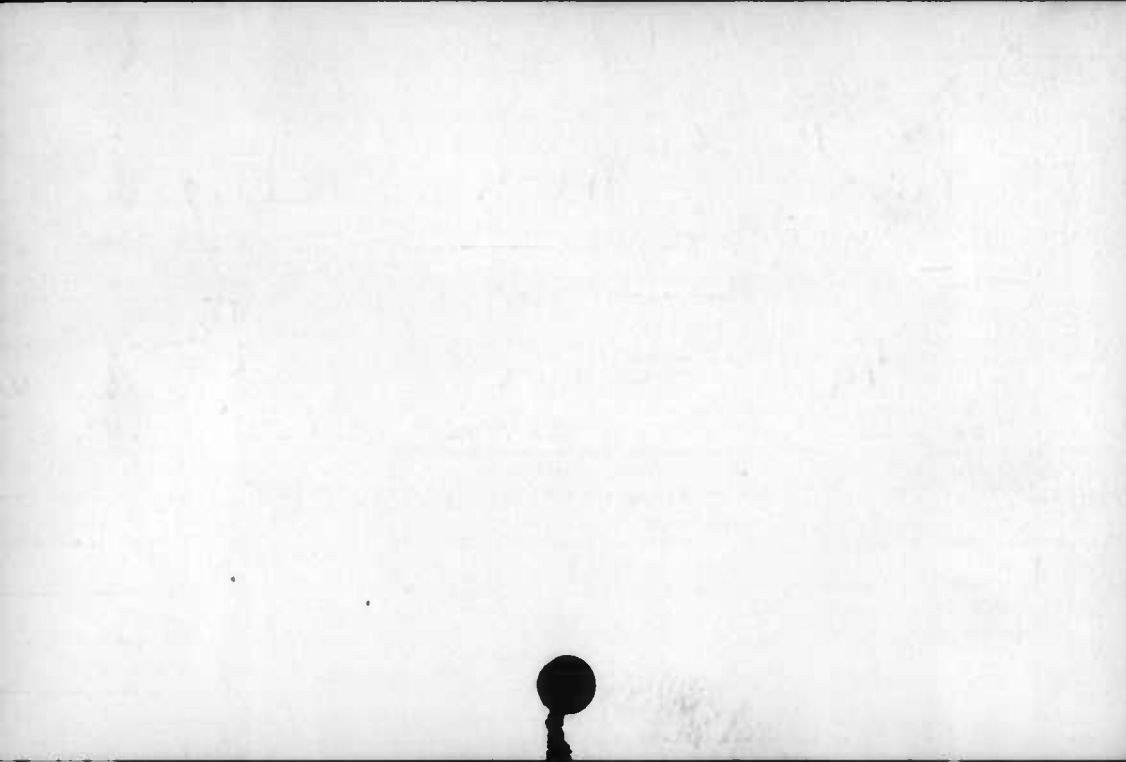
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town		County		State	
Kahayville		H		Washington		Maryland	
Date of death		190	Month	21	Day	Age	65
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Virginia	
Married, Single or Widowed		Single		Name of Wife or Husband		Mary Hoffmaster	
Father's Name		George Hoffmaster		Father's Birthplace		Pa	
Mother's Maiden Name		Elizabeth Cagle		Mother's Birthplace		Don't Know	
Name of person giving information		Virginia Lawrie		How related to deceased		Daughter	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		64	
Primary	Apoplexy	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		S. S. Davis Booneboro md	





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Hagerstown*

County

*Wash*Date  
of death *1908*

Month

*12*

Day

*19*

Age

Years

*55*

Months

Days

Sex

*male*Color or  
Race*white*Birth-  
place*Penna*

Occupation

*Bridge Builder*Where Residing if not  
at place of death*Higlospire, Pa.*Married, Single  
or Widowed*widower*Name of Wife or  
HusbandFather's  
Name*Not Known*Father's  
Birthplace*Not Known*Mother's  
Maiden Name*"**"*Mother's  
Birthplace*"**"*Name of person giving  
information*Mr Baker*How related  
to deceased*none*

## CAUSES OF DEATH

*164*

Primary

*Fractured knee*

How long

*4 days*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. M. Wertz*

Address

*Hagerstown - Md*Accident or ~~Swindle~~*Bridge accident*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER*Occurred while constructing  
a bridge being a steel worker*

<sup>s</sup>  
Highspire Pa

Name  
in  
Full

Barbara Jane Hunter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>12</i>	Day <i>18</i>	Age <i>69</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm. B. Hunter</i>				
Father's Name <i>John Wilson</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Mary E Wells</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Mrs. W. S. Smith</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritis &amp; renal Arteritis</i>	How long <i>For 4 years</i>
Immediate <i>Asthma &amp; exhaustion</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Compton Miller</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>—</i>	<i>md</i>

e-2944 -  
Waynesboro Pa

Name  
In  
Full

Ethel Blanche Hutzel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Boonsboro		County		Washington		MARYLAND	
Date of death	1908	Month	Dec	Day	3	Age	Years	Months	7
Sex	Female			Color or Race	white			Birth-place	Boonsboro
Occupation	None			Where Residing if not at place of death			Boonsboro		
Married, Single or Widowed	Single			Name of Wife or Husband					
Father's Name	Hiram S Hutzel						Father's Birthplace	Washington Co	
Mother's Maiden Name	Elizabeth Gross						Mother's Birthplace	Frederick Co	
Name of person giving information	Hiram S Hutzel						How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	2 weeks
Immediate	Double Lobar Pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. L. Smith
		Address	Boonsboro
Accident or Suicide?		No	



Name  
in  
Full

Anna L. Jtreyer

CERTIFICATE OF DEATH

Died at Bissell <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> 12 <sup>Day</sup> 28 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 8

Sex Female Color or Race White Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Wm H. Jtreyer Father's Birthplace Md

Mother's Maiden Name Laura C. Jeff Mother's Birthplace Md

Name of person giving Information Clyde B. Jtreyer How related to deceased Cousin

CAUSES OF DEATH

150

Primary Congenital heart How long 8 days

Immediate asphyxia How long 1

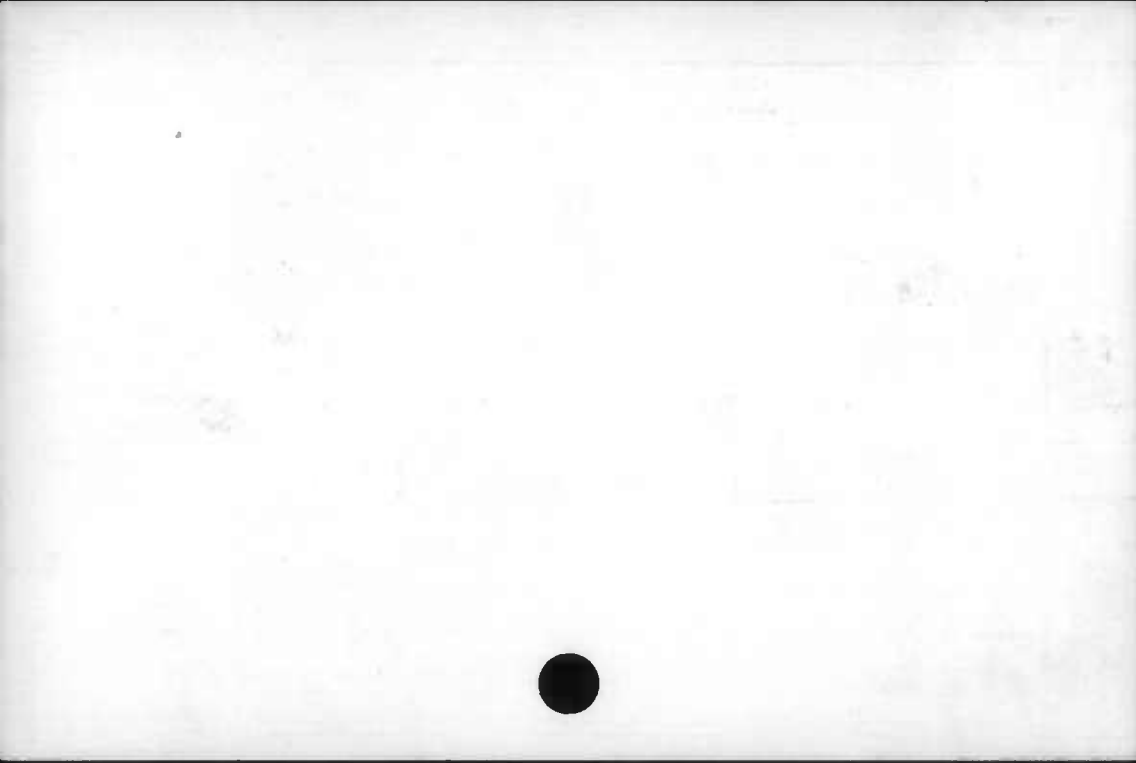
Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician Victor D. Miller

Address Thurgottman

Accident or Suicide no. med

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Mollie B Judd:

Town

County

MARYLAND

Died at

Hagerstown

Wash.

Date

of death 1908

Month

12

Day

27

Years

30

Age

Months

4

Days

26

Sex

Female

Color or  
Race

white

Birth-  
place

Va.

Occupation

N. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of ~~Wife~~  
Husband

Albert G. Judd:

Father's  
Name

Audrey Arthur

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Jennie Shank

Mother's  
Birthplace

Va.

Name of person giving  
Information

A. G. Judd

How related  
to deceased

husband

## CAUSES OF DEATH

137

Primary

Septic abortion

How long

12 day

Immediate

Peritonitis (Euperal)

How long

7 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

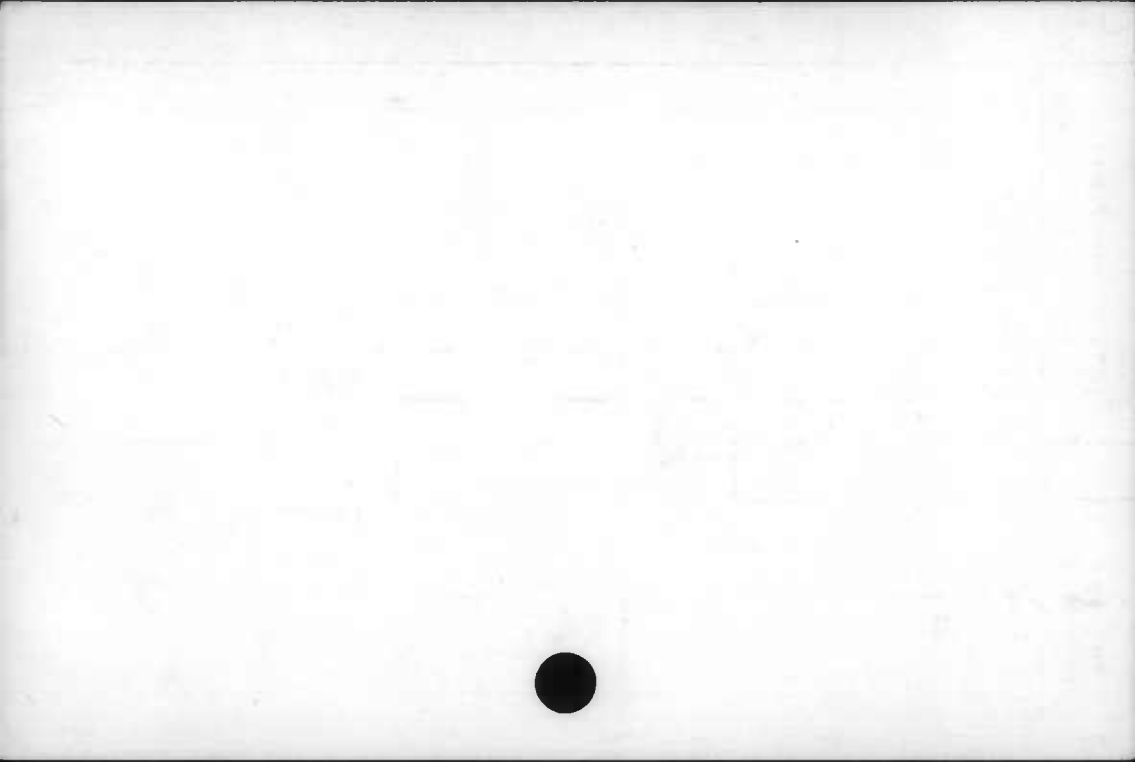
H. H. Minley

Address

Hagerstown,  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Harrold W. Eaylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>12</u>	Day	<u>1</u>
Age		Years	Months		Days
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Md</u>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Harry W. Eaylor</u>		Father's Birthplace	
Mother's Maiden Name		<u>Lulu M. Eckle</u>		Mother's Birthplace	
Name of person giving information				How related to deceased	
				<u>Father</u>	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>One day</u>
Immediate		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		Address	
		<u>S W Instat MD</u>	
		<u>Hagerstown. Md</u>	
Accident or Suicide?			

Bakersville,

Name  
in  
Full

Amy A. Kremer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

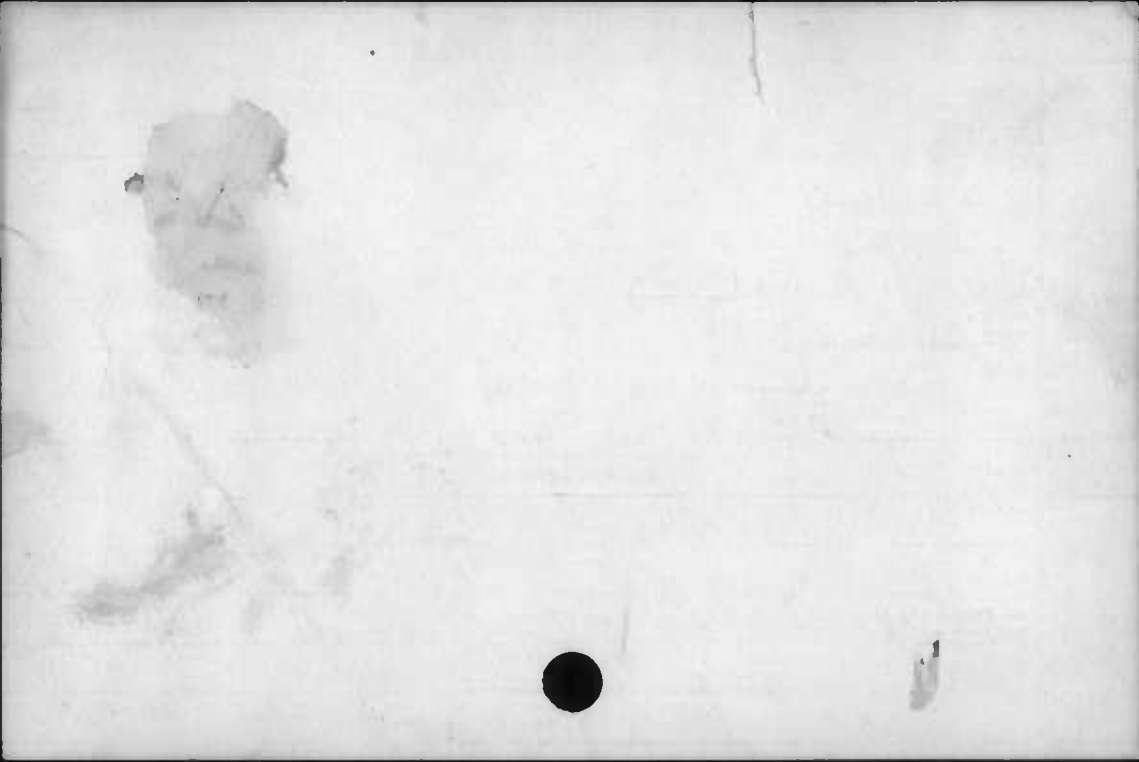
Died at <u>Smoketown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>8</u> Dec	Month	Day	Age	Years
			<u>2</u>	<u>5</u>	<u>2</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Washington Co</u>
Occupation	<u>Housewife</u>	Where Residing if not at place of death <u>Smoketown</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Harvey Kremer</u>		
Father's Name	<u>Daniel Kline</u>	Father's Birthplace	<u>Fredrick Co</u>		
Mother's Maiden Name	<u>Rebecca Allison</u>	Mother's Birthplace	<u>" "</u>		
Name of person giving information	<u>Harvey Kremer</u>	How related to deceased	<u>Husband</u>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>One Year</u>
Immediate	<u>(Don't know)</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>S. S. Davis</u>	
		Address	
		<u>Barnabors</u>	
		<u>Ind</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

Abraham F. Landis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died • <sup>Town</sup> Near Bearss		<sup>County</sup> Washington		MARYLAND	
Date of death	1908	Month	Dec.	Day	30
Age	69	Years		Months	0
Sex	Male	Color or Race	White	Birth-place	Lancaster Pa.
Occupation	Farmer	Where Residing if not at place of death	Near Bearss		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Sarah Landis		
Father's Name	David Landis	Father's Birthplace	Lancaster Pa.		
Mother's Maiden Name	Anna Frick	Mother's Birthplace	Lancaster Pa.		
Name of person giving Information	Lizzie Strite	How related to deceased	Daughter		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Chronic Gastritis	How long	6 years.
Immediate	<del>Chronic Gastritis</del>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. C. R. Miller
		Address	Marbleton, Pa.
Accident or Suicide		—	





Name  
in  
Full

Mayberry Law

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

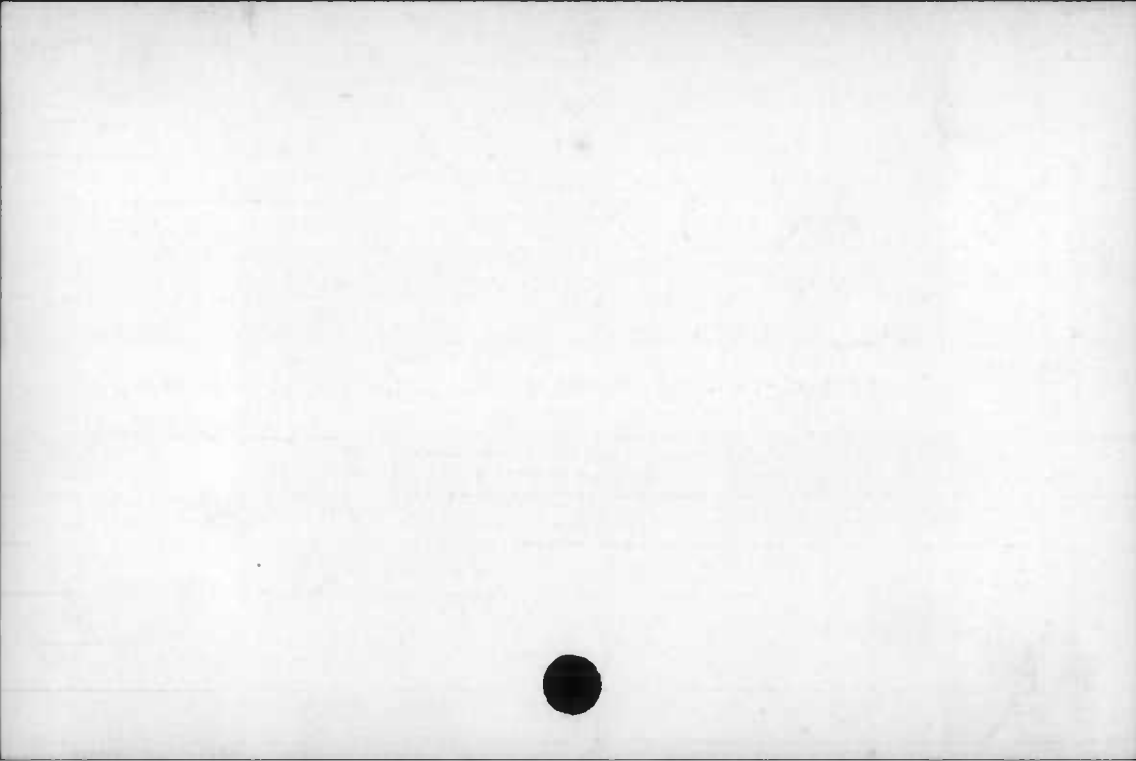
Died at Smithsburg <sup>Town</sup> Washington <sup>County</sup>  
 Date of death | 90 8 <sup>Month</sup> 12 <sup>Day</sup> 29 <sup>Years</sup> 32 <sup>Months</sup> 6 <sup>Days</sup> 2  
 Sex Male Color or Race White Birth-place Cavetown  
 Occupation Baggage Master Where Residing if not at place of death Smithsburg  
 Married, Single or Widowed Married Name of Wife or Husband Mayberie Law  
 Father's Name James. Law Father's Birthplace Leesburg  
 Mother's Maiden Name Caroline Jones Mother's Birthplace Cavetown  
 Name of person giving information Leanne V. Law How related to deceased Wife

CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary Endocarditis How long Do not know  
 Immediate Dilatation How long 2 wks  
 Are the name, age, sex, color, date and place correctly given above? Yes.  
 Signature of Physician L. M. West  
 Address Hagerstown - Md  
 Accident or Suicide?



Name  
in  
Full

Mrs Elizabeth H. Markell

## CERTIFICATE OF DEATH

Died at

Hagerstown

Town

County

Wash.

MARYLAND

Date

of death

1908

Month

12

Day

28

Age

Years

49

Months

5

Days

11

Sex

Female

Color or  
Race

white

Birth-  
place

Md

Occupation

Lady of Leisure

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widowed

Name of ~~Wife~~  
Husband

John Markell.

Father's  
Name

George W. Harris

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Catherine &amp; Delphine

Mother's  
Birthplace

Md

Name of person giving  
Information

Elias Markell

How related  
to deceased

son

## CAUSES OF DEATH

Primary

Heart trouble

How long

many yrs

Immediate

Oedema of Lungs

How long

30 minutes

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

Address

E. A. Markell

Hagerstown

Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Balto md

2951

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John A. Martin</b>		Town <b>Hagerstown</b>		County <b>Wash</b>		MARYLAND	
Died at <b>Hagerstown</b>		Month <b>12</b>		Day <b>13</b>		Years <b>70</b>	
Date of death <b>1908</b>		Month <b>12</b>		Day <b>13</b>		Age <b>70</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Md.</b>		Months <b>—</b>	
Occupation <b>Tinner</b>		Where Residing if not at place of death <b>—</b>		Days <b>10</b>			
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Sarah A. Martin</b>		Father's Birthplace <b>Md</b>		Mother's Birthplace <b>Md</b>	
Father's Name <b>David Martin</b>		Mother's Maiden Name <b>Priscilla Watts</b>		How related to deceased <b>son</b>			
Name of person giving information <b>Harry Martin</b>							

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <b>Cerebral Haemorrhage</b>	How long <b>✓</b>
Immediate <b>“</b>	How long <b>48 hrs</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Wm. Preston Willey</b>
	Address <b>Hagerstown Md</b>
Accident or Suicide? <b>—</b>	

S  
2942

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Name in Full <b>Richard Bradshaw Martin</b>		Town <b>Hagerstown</b>		County <b>Wash.</b>		State <b>MARYLAND</b>	
Died at <b>Hagerstown</b>		Date of death <b>1908</b>		Age <b>27</b>		Months <b>5</b>	
Month <b>12</b>		Day <b>27</b>		Years <b>—</b>		Days <b>17</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Penn.</b>			
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>—</b>		Father's Birthplace <b>—</b>					
Mother's Maiden Name <b>Margaret Martin</b>		Mother's Birthplace <b>Va.</b>					
Name of person giving information <b>Margaret Martin</b>		How related to deceased <b>mother</b>					

## CAUSES OF DEATH

Primary <b>marasmus</b>		How long <b>3 months</b>	
Immediate <b>exhaustion</b>		How long <b>1</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>W. P. Miller</b>	
		Address <b>Hagerstown Md</b>	
Accident or Suicide? <b>no</b>			

Stonville Va



Name in Full		Jacob. Brewer Masters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Williamsport		County Washington		MARYLAND	
	Date of death	1908	Month Decr	Day 10	Age 86	Months 6	Days 12
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Sadler		Where Residing if not at place of death		Claspring Md	
	Married, Single or Widowed	Married		Name of Wife or Husband		Susan C Love	
	Father's Name	Henry Masters		Father's Birthplace		Waynesboro Pa	
	Mother's Maiden Name	Sallie Brewer		Mother's Birthplace		Chautau	
	Name of person giving information	Mrs Susan Masters		How related to deceased		Wife -	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">154</div>							
PHYSICIAN OR CORONER	Primary	Senile Debility				How long Two years	
	Immediate	Exhaustion				How long Not known	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		No		Williamsport Md		

J. F. Krebs

Undertaker H. ~~map~~ <sup>W</sup> &

Entered in River View Cemetery



Name  
in  
Full

Hubert Melts-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

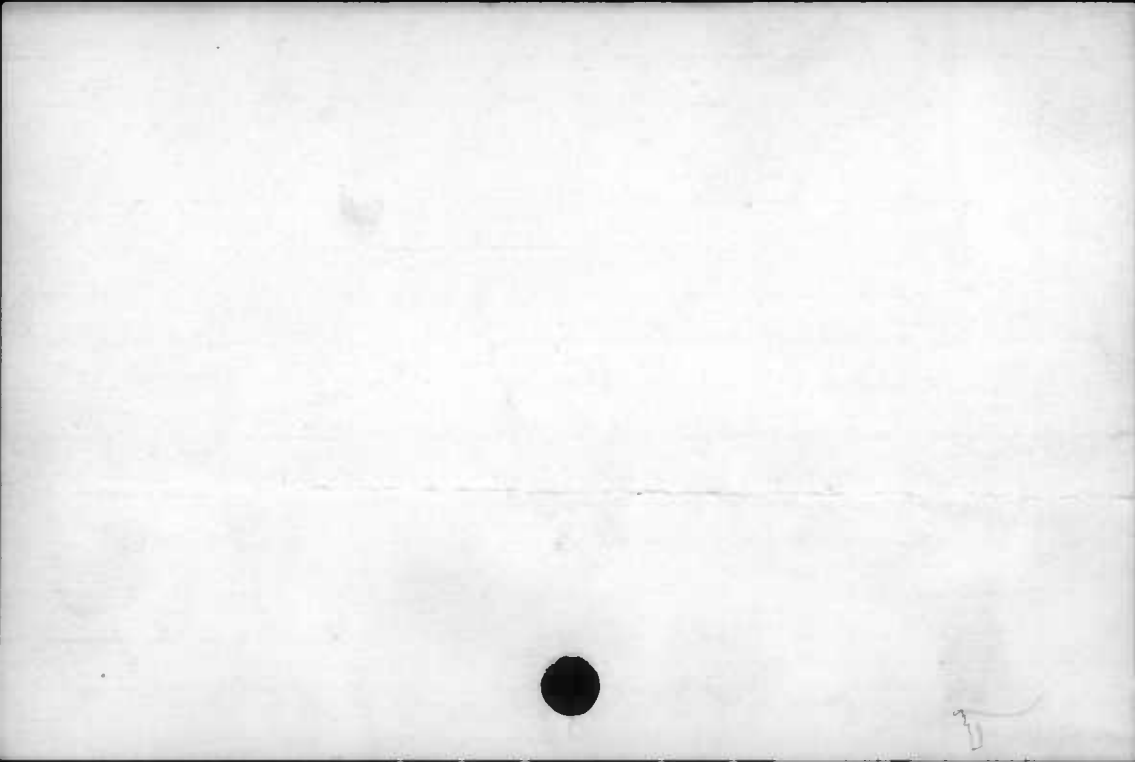
Died at <i>near</i> <i>Liego</i> <small>Town</small>		<i>Wash</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>12</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>5-</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>13</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white-</i>		Birth-place <i>Dame-</i>		
Occupation			Where Residing if not at place of death		
Married, Single or <i>Widowed</i>			Name of Wife or Husband		
Father's Name <i>George W Melts-</i>			Father's Birthplace <i>near Liego Md.</i>		
Mother's Maiden Name <i>Liza Martha Liger</i>			Mother's Birthplace <i>Imbletown</i>		
Name of person giving information <i>George Melts-</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Scald (face)</i>	How long <i>24 hrs</i>
Immediate <i>Asphyx</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Baker.</i>
	Address <i>Rohrsville</i>
Accident or Suicide? <i>Accident</i>	<i>Maryland</i>



Name  
in  
Full

Hazel Rebeca Mills

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Pecktonville* <sup>County</sup> *Washington* **MARYLAND**

Date of death *1908* <sup>Month</sup> *Dec.* <sup>Day</sup> *25* Age <sup>Years</sup> *—* <sup>Months</sup> *3* <sup>Days</sup> *6*

Sex *Female* Color or Race *white* Birth-place *Pecktonville*

Occupation *—* Where Residing if not at place of death *—*

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Daniel O. Mills*

Father's Birthplace *Pecktonville*

Mother's Maiden Name *Bealie Hull*

Mother's Birthplace *Pecktonville*

Name of person giving information *Daniel O. Mills*

How related to deceased *Daughter*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary *Acute indigestion*

How long *3 months*

Immediate *—*

How long *—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

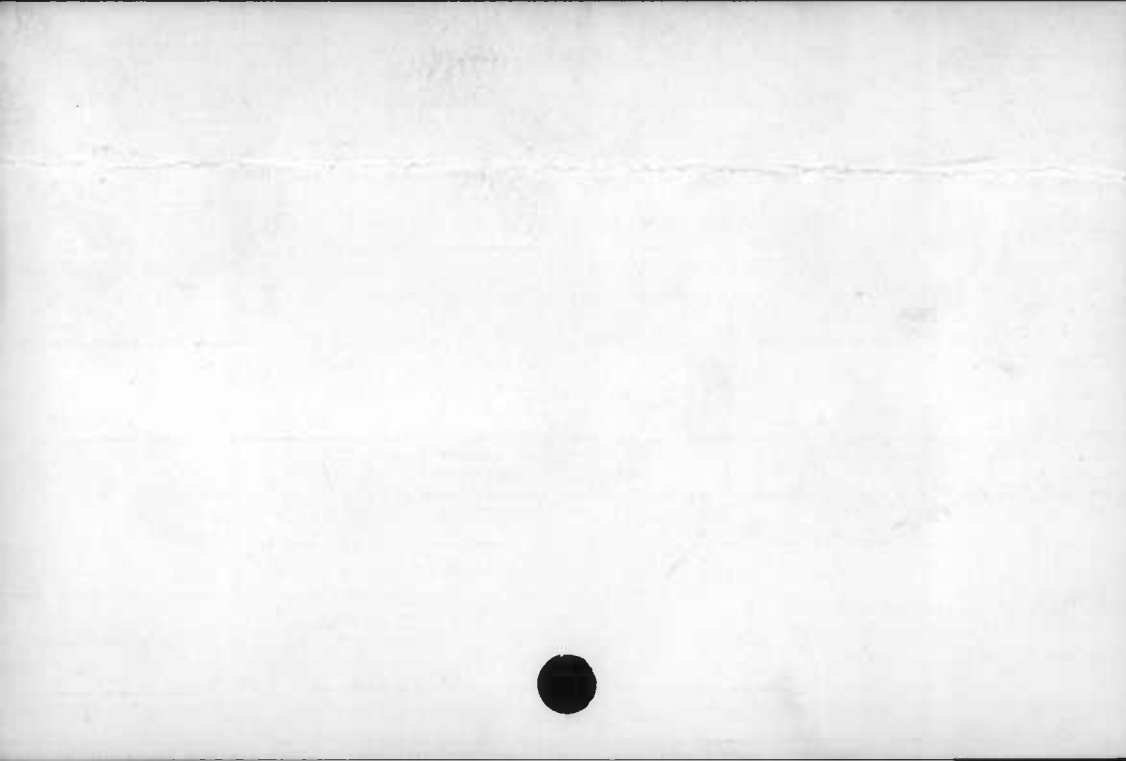
Signature of Physician

*Wm B Hull, Sub. Regs.*

Address

*Big Pool  
Wash. Co.*

Accident or Suicide?



Name in Full

Certificate of Death

Infant Mohn  
 Died at Crookshue Town Washington County MARYLAND

Date 1908 Dec 12 Y. M. D. Age Infant Native of America Occupation Infant  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband  
 of

Father's Name H. E. Mohn Mother's Name Sallie M. Mohn

Cause of Death { Primary Still born 8 How long sick ✓  
 { Immediate ✓ Accident, Suicide, Homicide

Reported by Theo. Boose, M.D.

Address Clear Spring, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

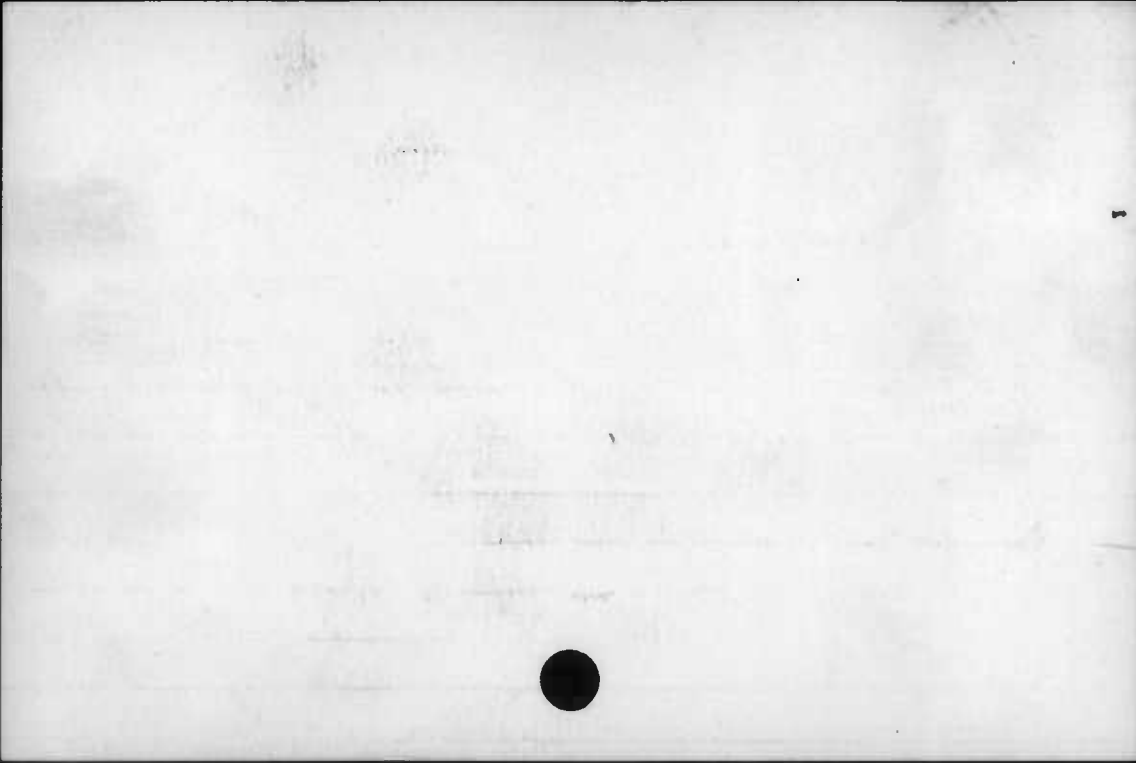
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>bonococheague</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Dec.</i>		Day <i>12</i>		Age	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>bonococheague</i>		Months	
Occupation <i>Infant</i>		Where Residing if not at place of death		Days			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>H. E. Mohr</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Sallie M. Mohr</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long	<i>u</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. Boase</i>
		Address	<i>Clear Springs, Md.</i>
Accident or Suicide?			



Name  
in  
Full

James B Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town WilliamSPORT		County Washington		MARYLAND	
Date of death		1908	Month Dec	Day 16	Age 27	Years	Months Days
Sex Male		Color or Race White		Birth place Bendersville			
Occupation Blacksmith		Where Residing if not at place of death Bendersville					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Hiram Myers		Father's Birthplace Bendersville					
Mother's Maiden Name Eliza Little		Mother's Birthplace Bendersville					
Name of person giving Information W. K. Rappensberger		How related to deceased Friend					

## CAUSES OF DEATH

Fractured rib and concussion of brain

166

PHYSICIAN  
OR CORONER

Primary Internal Injuries.		How long 30 minutes	
Immediate Shock.		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. H. H. Gaither.	
Collapse of bridge		Address WilliamSPORT, Md	
Accident or Suicide? Accident			

Interred in  
Burdensville Pa

Dec 17-1908

J. F. Keps

Undertaker

Hempst

Ma

Name  
in  
Full

Beatrice Lorraine Odew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Hagerstown* Town *Wash.* County **MARYLAND**Date of death 190*8* Month *Dec.* Day *8.* Age *—* Years Months *1* Days *X*Sex *Female* Color or Race *White* Birth-place *Hagerstown*Occupation *None.* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Engene Odew* Father's Birthplace *Fred. Co. Md.*Mother's Maiden Name *Ella Grooms.* Mother's Birthplace *Va.*Name of person giving Information *Mrs. Engene Odew* How related to decedent *Mother*

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONERPrimary *Premature Birth* How long *One month.*Immediate *Atelectasis* How long *One day.*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. B. Laughlin*Address *Hagerstown.*

Accident or Suicide



Name  
in  
Full

Rebecca A. Palmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Roxbury		County Washington		MARYLAND	
Date of death		1908	Month Dec	Day 4	Age 57 1/2	Years	Months Days
Sex Female		Color or Race White		Birth- place Maryland			
Occupation House-keeper		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband Benjamin Palmer.					
Father's Name Nicholas Keplinger		Father's Birthplace Maryland					
Mother's Maiden Name Sophia Kern		Mother's Birthplace Maryland					
Name of person giving In formation		How related to deceased					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Intestinal Regurgitation.	How long	6 months
Immediate	Dropsy, Acute Failure	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Lester, M.D.	
Address		Brounboro.	
Accident or Suicide?		No	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mrs Mary E Payton

Town

Hagerstown

County

Wash

MARYLAND

Date

of death

1908

Month

12

Day

11

Age

Years

28

Months

2

Days

8

Sex

female

Color or  
Race

white

Birth-  
place

Va.

Occupation

N. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

John H. Payton

Father's  
Name

P. M. Sechrist

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Mary F. Snyder

Mother's  
Birthplace

Va.

Name of person giving  
information

J. H. Payton

How related  
to deceased

husband

## CAUSES OF DEATH

Primary

Penetrating Bullet wound of abdomen (166)

How long

36 hours

Immediate

shock -

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

John D. Miller

Address

Hager. Md.

Accident or Suicide?

Accident

PHYSICIAN  
OR CORONER

Shenandoah Va

Name  
in  
Full

David H. Reichard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

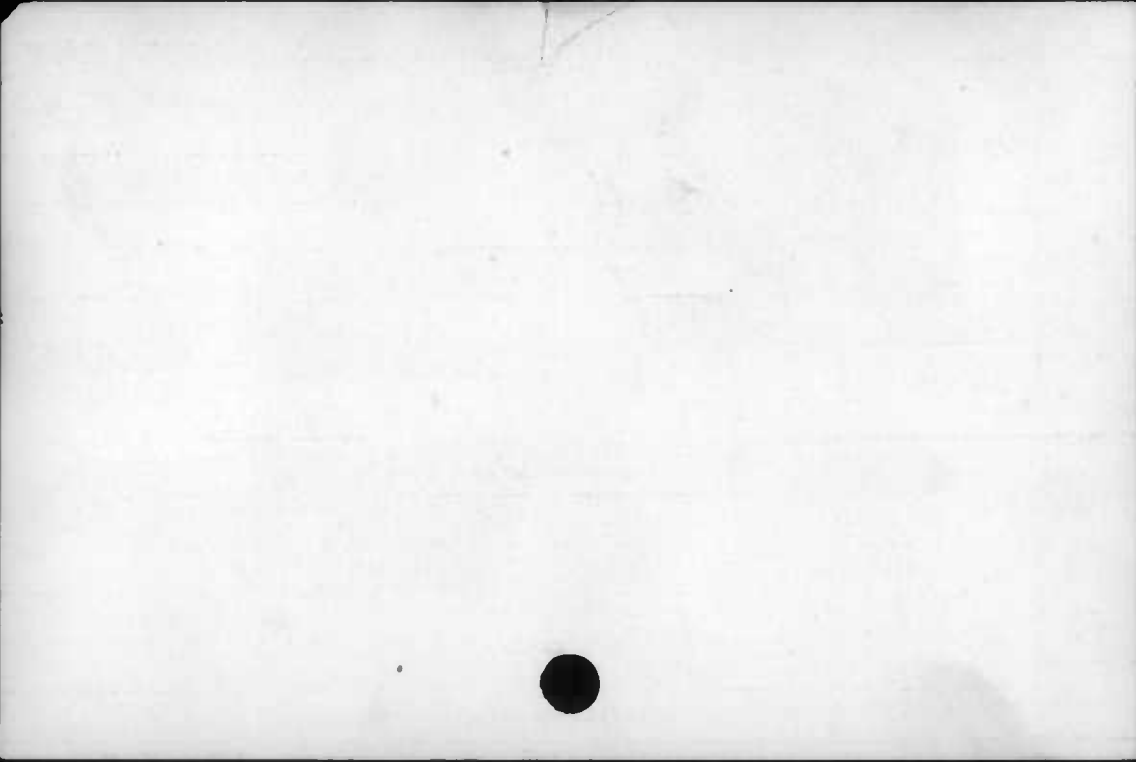
Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death		190	Month <i>8</i>	Day <i>23</i>	Age <i>65</i>	Months <i>2</i>	Days <i>25</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wash. Co. Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Fairplay</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Reichard</i>					
Father's Name <i>Jacob Reichard</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Elizabeth Wolf</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>D. C. Reichard</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>12 hrs</i>
Immediate	<i>Pulmonary Oedema</i>	How long	<i>1/2 hr</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>D. M. Reichard</i>	
Address		<i>Fairplay</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George F. Ridenour*

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *12* <sup>Day</sup> *8* <sup>Age</sup> *—* <sup>Years</sup> *8* <sup>Months</sup> *8* <sup>Days</sup> *11*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single *—* or Widowed Name of Wife or Husband *—*

Father's Name *Elmer Ridenour* Father's Birthplace *Ind*

Mother's Maiden Name *Clara Dixon* Mother's Birthplace *Ind*

Name of person giving information *Elmer Ridenour* How related to deceased *Father*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Marasmus.* *✓* How long *3 months.*

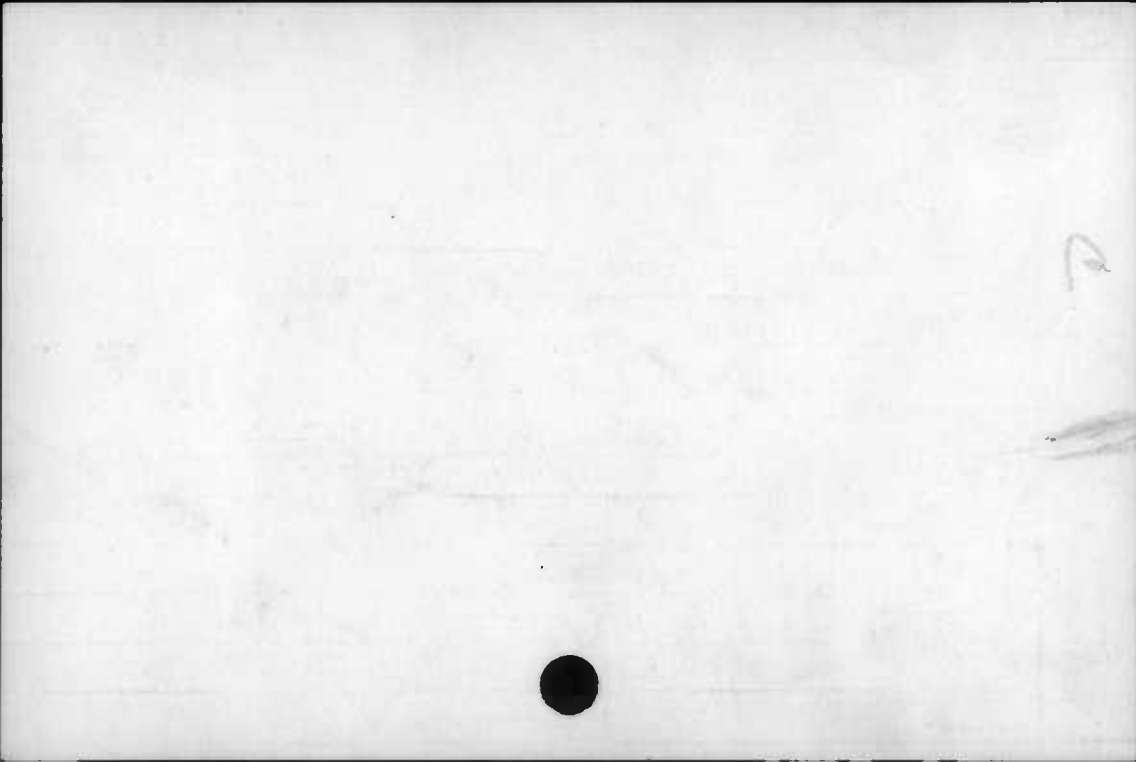
Immediate *Pneumonia.* How long *14 hours.*

Are the name, age, sex, color, date and place correctly given above? *yes.*

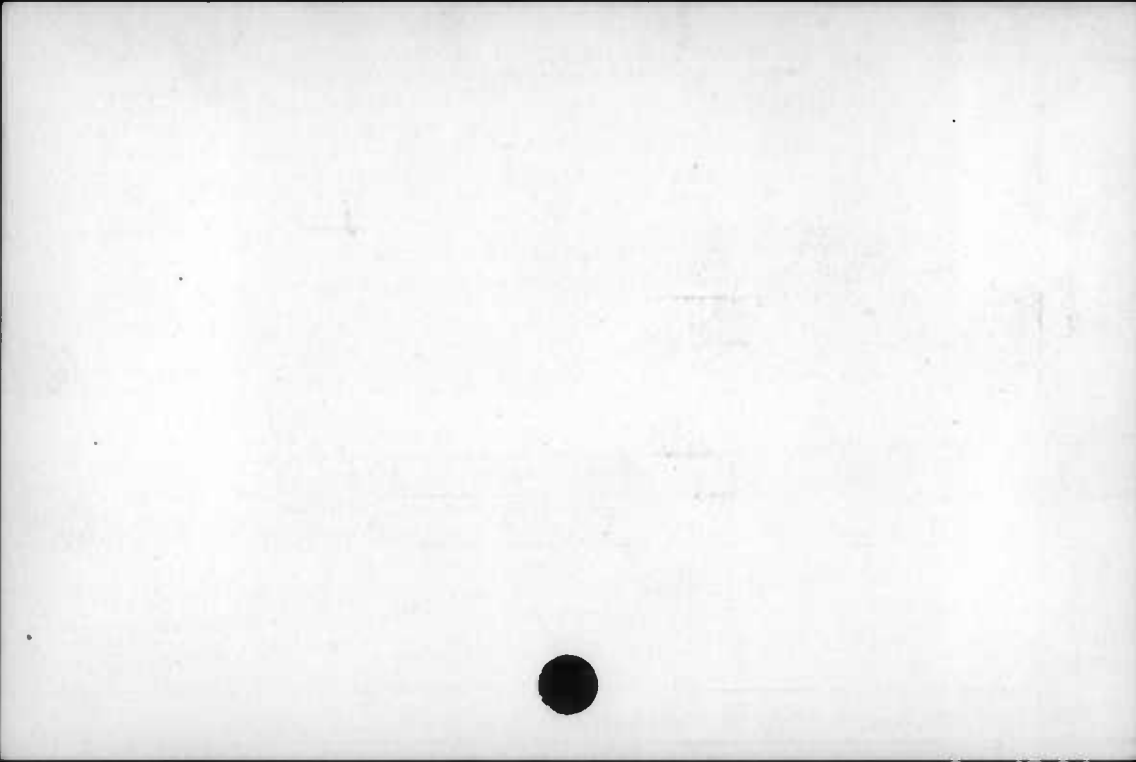
Signature of Physician *J. H. Hickey*

Address *Hagerstown, Ind.*

Accident or Suicide? *—*



Name in Full		Mrs. Eliz. N. Shaffer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Mt. Carmel</i> County <i>Wash</i>		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1908		Dec	28	Age 74	8	19
		Sex		Color or Race		Birth-place		
		Female		White		Wash Co		
		Occupation		Where Residing if not at place of death				
None								
Married, Single or Widowed		Name of Wife or Husband		Widow Geo. Shaffer				
Father's Name		Father's Birthplace		Jacob Shaffer Wash Co				
Mother's Maiden Name		Mother's Birthplace		Sarah Beeler "				
Name of person giving information		Ed. N. Shaffer		How related to deceased		Son		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(104)</div>								
PHYSICIAN OR CORONER		Primary		Acute Indigestion		How long 48 hrs		
		Immediate		Heart-Failure		How long 4 hr.		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				S. S. Davis		Address		
				Booneboro		Md		
Accident or Suicide?								





Name  
in  
Full

Martin L Shoemaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sharpsburg</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	12	Day	31
Age		53	Years	7	Months
Sex		Male	Color or Race	White	Birth-place
Occupation		Farmer	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John Shoemaker		Father's Birthplace	
Mother's Maiden Name		Malinda Waddle		Mother's Birthplace	
Name of person giving information		John Shoemaker		How related to deceased	
				Father	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

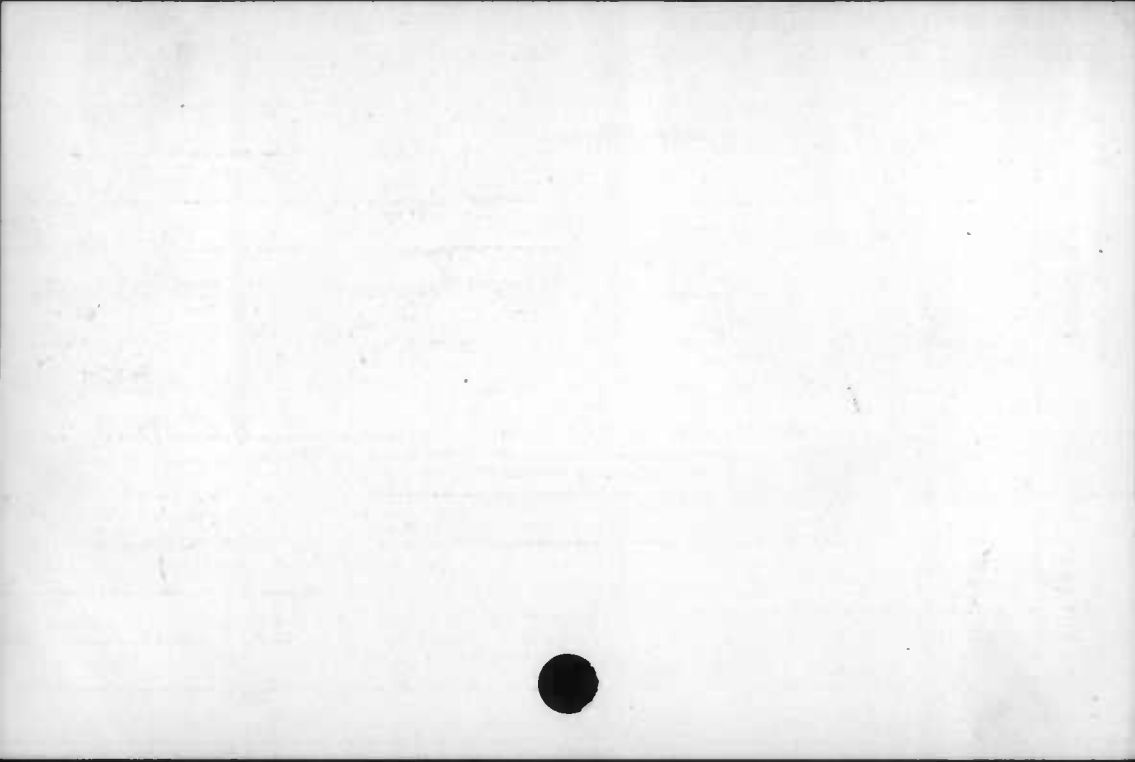
Primary	<u>a complication of non-conductance</u>	How long	<u>about 3 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. N. Gardner	
		Address	
		Sharpsburg Md	
Accident or Suicide?			

L E Samman & Son

Buryat-Boonboro

Sunday Jan 3 = 1909

Name in Full		Certificate of Death			
Mrs Florence Simmons		MARYLAND			
Died at Smithsburg		Washington County			
Date of death	1908	Month	12	Day	30
Age	57	Years	8	Months	3
Sex	Female	Color or Race	White	Birth-place	Leitersburg
Occupation	House Wife	Where Residing if not at place of death Smithsburg Md			
Married, Single or Widowed	Married	Name of Wife or Husband Mrs Florence Simmons			
Father's Name	Joseph. Stoford	Father's Birthplace Leitersburg			
Mother's Maiden Name	Caroline Shier	Mother's Birthplace Leitersburg			
Name of person giving information	Caroline Stoford	How related to deceased Mother			
CAUSES OF DEATH					
Primary				How long	
Dropsy -				6 mo.	
Heart Failure				2 hours	
Immediate					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
Yes				A. G. Laman, M.D.	
				Address	
				Middletown	
				Md	
Accident or Suicide?					



Name  
in  
Full

Martin L. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Loudon Grove		County Washington		MARYLAND	
Date of death		1908	Month 12	Day 18	Age 67	Years 3	Months 11
Sex Male		Color or Race White		Birth- place Grand-Grove			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband Martha Smith			
Father's Name James Smith				Father's Birthplace Loudon Grove			
Mother's Maiden Name Sophia Long				Mother's Birthplace Loudon Grove			
Name of person giving in formation Martha Smith				How related to deceased Wife			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	65	19 mo
Immediate	Refluxemia due to kidney	How long		2 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. L. B. Allen, M.D.		
		Address		
Accident or Suicide?				



Name  
in  
Full

W. O. B. Snovelle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

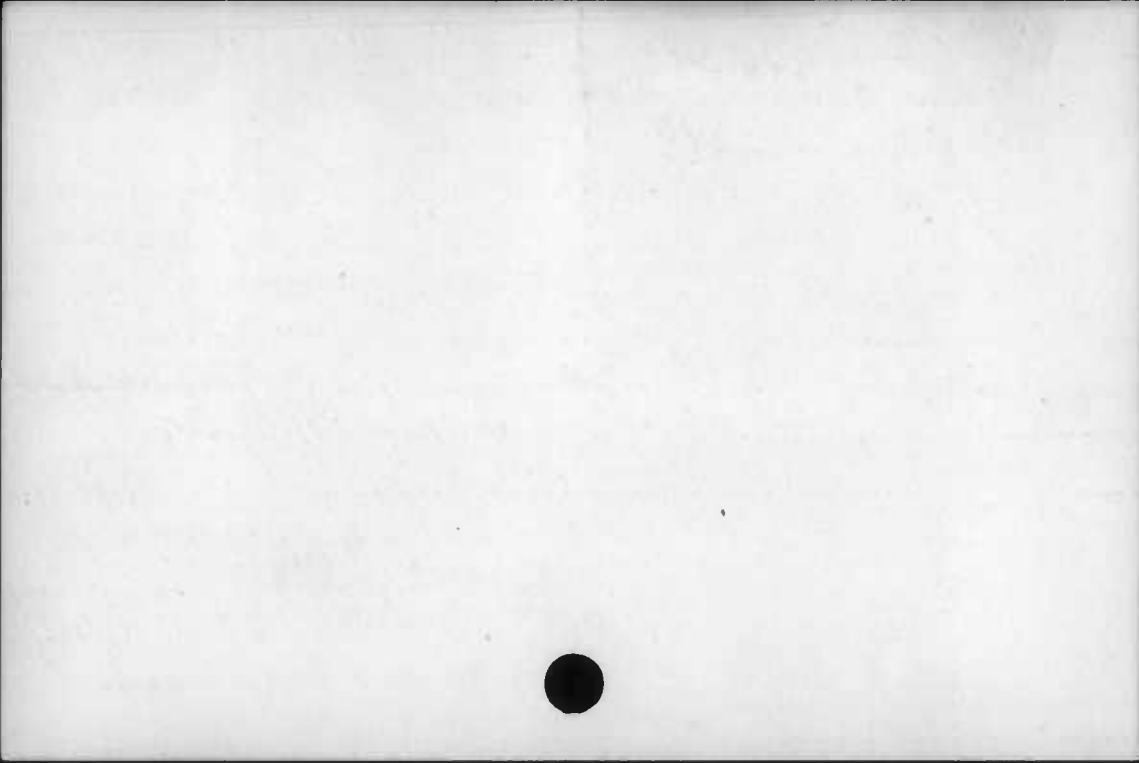
Died at <i>Sandy Hook Dist-11</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month <i>Dec</i>	Day <i>25<sup>th</sup></i>	Years <i>60</i>	Months <i>3</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Taneytown</i>		
Occupation <i>Contractor</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bessie M. Snovelle</i>				
Father's Name <i>John A. Snovelle</i>	Father's Birthplace <i>Penna</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Penna</i>				
Name of person giving information <i>Bessie Snovelle</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>2 or 3 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Phillips</i>
	Address <i>Charles Town</i>
Accident or Suicide?	<i>Dr. va.</i>





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

*Stillborn*

Town *Smithsburg* County *Washington* MARYLAND

Died at *Smithsburg*

Date of death *1908* Month *12* Day *9* Age *-* Years *-* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Smithsburg*

Occupation *none* Where Residing if not at place of death *Smithsburg Md.*

~~Married~~, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Frank J. Starke* Father's Birthplace *Richmond Va.*

Mother's Maiden Name *Mable French* Mother's Birthplace *Richmond Va.*

Name of person giving information *Frank J. Starke* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Prolonged Labor* How long *2 days*

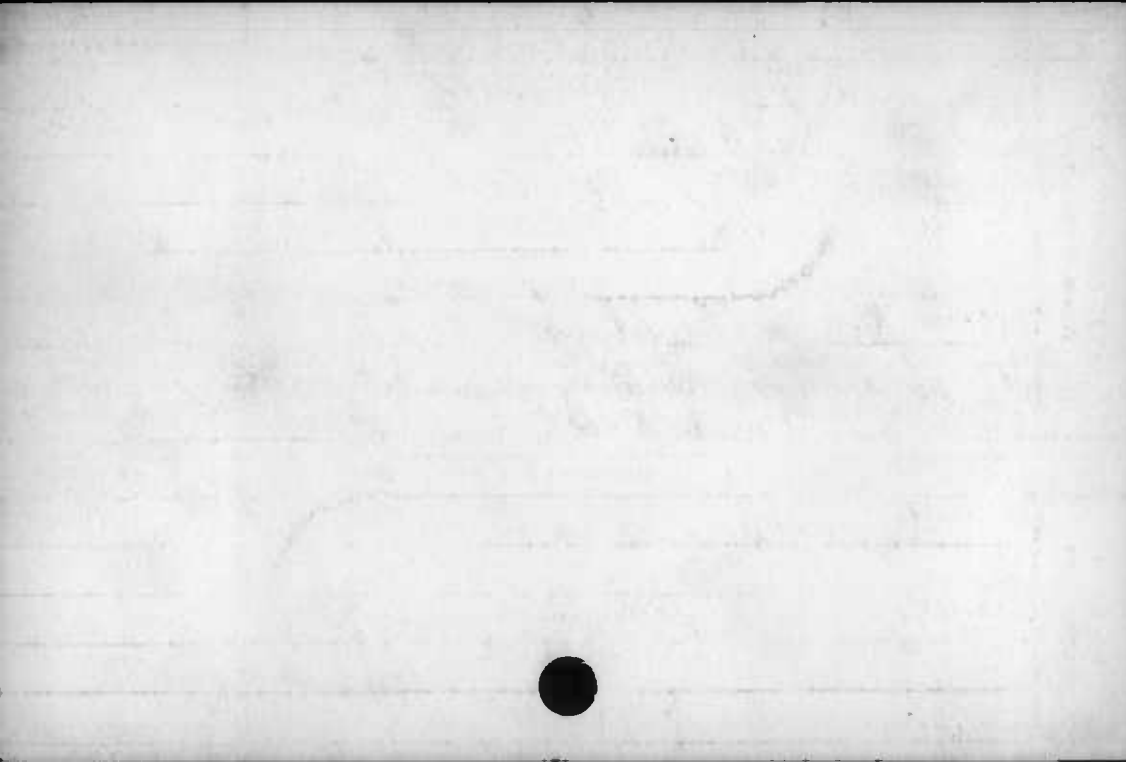
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. Preston Miller*

Address *Washington D.C.*

~~Accident or Suicide?~~



**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

## MARYLAND

Died at <i>Near Smithsburg</i>		Town <i>Huntington</i>		County <i></i>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>10</i>	Age <i></i>	Years <i></i>	Months <i></i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Smithsburg</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Near Smithsburg</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Frank. J. Starke</i>	Father's Birthplace <i>Richmond Va</i>						
Mother's Maiden Name <i>Emily. S. Crump.</i>	Mother's Birthplace <i>Richmond Va</i>						
Name of person giving information <i>Frank. J. Starke</i>	How related to deceased <i>Father</i>						

### CAUSES OF DEATH

Primary	Congenital Heart Disease 3 days		How long
Immediate	Cyanosis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yes		W. Preston Miller	Haystack
Accident or Suicide?			



Name  
in  
Full

*Solita Elizabeth Steel*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

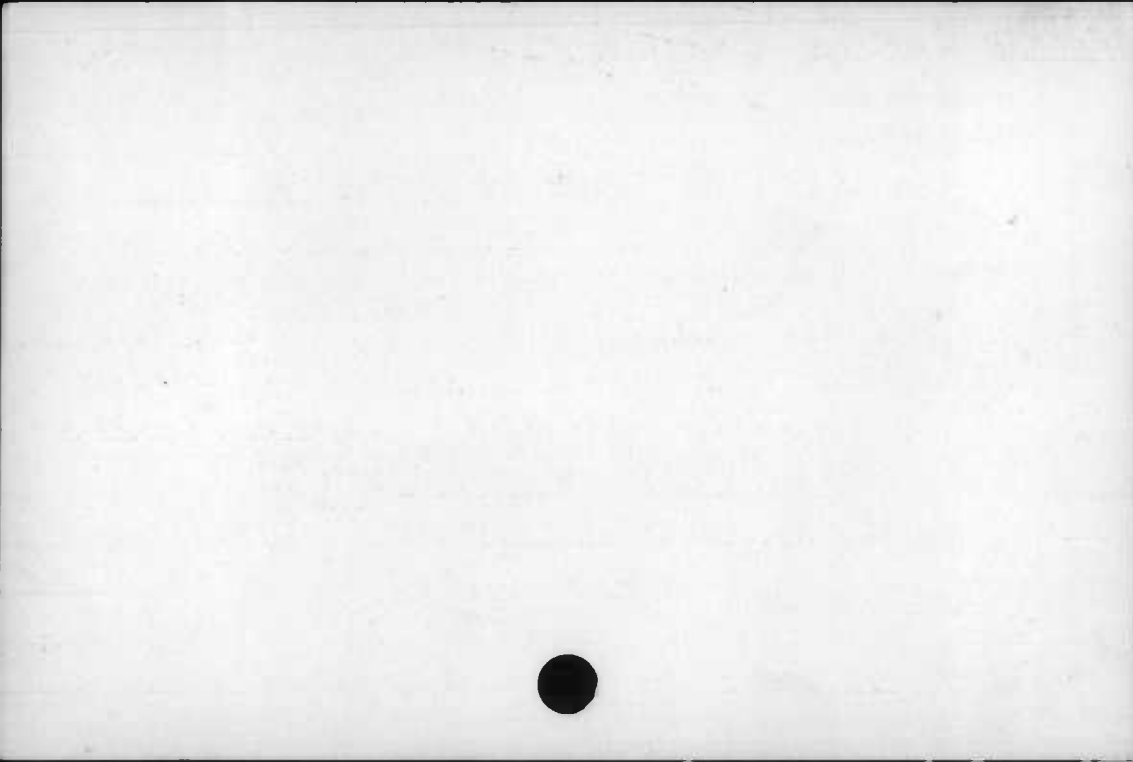
Died at <i>Locust Grove</i> <sup>Town</sup>		<i>Wash.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>19</i>	Age <i>2</i>	Months <i>10</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Rohersville Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>A W Steel.</i>			Father's Birthplace <i>Rucedon E.</i>		
Mother's Maiden Name <i>Myra E Smith</i>			Mother's Birthplace <i>Rohersville</i>		
Name of person giving information <i>Mrs Sully Smith</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

*9*

PHYSICIAN  
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>4 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. D. Baker M.D.</i>	
		Address <i>Rohersville Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*George B. Stiff*

Diad at <i>Williamsport</i>		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month <i>Dec</i>	Day <i>16</i>	Age <i>27</i>	Years <i>7</i> Months <i>3</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Roanoke, Va.</i>
Occupation	<i>Railroader</i>	Where Residing if not at place of death		<i>Roanoke, Va.</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Stiff</i>	Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information	<i>Miss Nettie Lightner</i>		How related to deceased		<i>Friend</i>

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

*166*

Primary	<i>Killed by bridge falling at Williamsport, Md.</i>	How long	<i>immediately</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

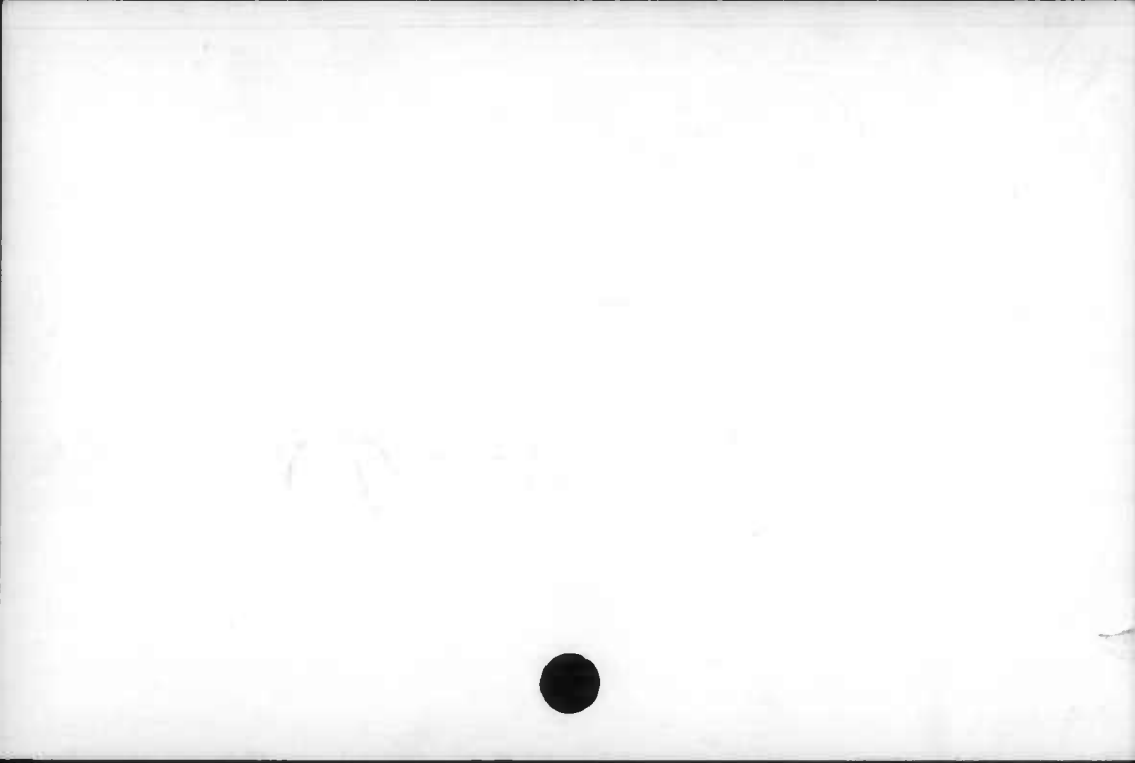
Address

*J. C. Hershberger, J.P.  
Acting Coroner.  
Williamsport, Md.*

*Killed at once.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name in Full <b>Charles L Tall</b>		CERTIFICATE OF DEATH	
Died at <b>Hagerstown</b> <small>Town</small>		<b>Washington</b> <small>County</small>	
Date of death <b>1908</b> <small>Month</small> <b>12</b> <small>Day</small> <b>12</b>		Age <b>39</b> <small>Years</small> <b>—</b> <small>Months</small> <b>—</b> <small>Days</small>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Printer</b>		Birth-place <b>Md</b>	
Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary Stephenson</b>	
Father's Name <b>John Tall</b>		Father's Birthplace <b>Md</b>	
Mother's Maiden Name <b>Mary Taylor</b>		Mother's Birthplace <b>Md</b>	
Name of person giving information <b>Rachael Hoyle</b>		How related to deceased <b>Aunt</b>	
CAUSES OF DEATH			
Primary <b>Pulmonary Tuberculosis</b>		How long <b>About 2 years -</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>F. H. Charles MD</b>	
		Address <b>136 W Washington St Hagerstown Md.</b>	
Accident or Suicide?			

Copied  
Rust Hill

Name  
in  
Full

Wm Henry Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1908	Month Decr	Day 29	Age 57	Years 3	Months 17
Sex Male		Color or Race White		Birth place Brunswick Md			
Occupation R.R. Section Foreman				Where Residing if not at place of death _____			
Married, Single or Widowed Married		Name of Wife or Husband Matilda Wolf					
Father's Name James H. Taylor				Father's Birthplace Brunswick Md			
Mother's Maiden Name Ellen M. Chubb				Mother's Birthplace Williamsport			
Name of person giving information Lyde McCordell				How related to deceased Sister			

## CAUSES OF DEATH

120

Primary	Chronic Nephritis	How long	18 months
Immediate	Maecmia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ernest H. Hatcher	
Address		Williamsport	
Accident or Suicide?			

J. F. Epps.

Undertaker.

Interment

River View Cemetery.

Williamport

Me.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

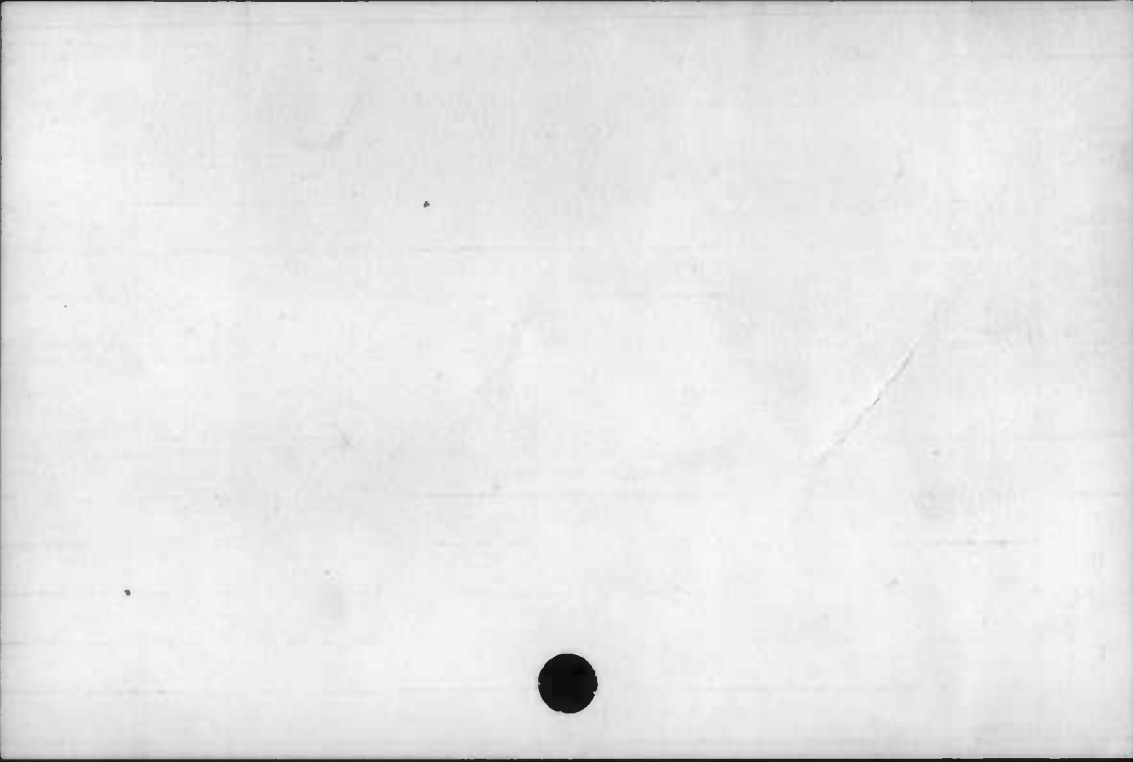
Died at <i>Hagerstown</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>26</i>	Age <i>90</i>	Years	Months <i>11</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Occupation <i>H. W.</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widow</i>	Name of <del>Wife or</del> Husband <i>Jacob Thompson</i>						
Father's Name <i>Myers</i>	Father's Birthplace <i>Pa</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>James Thompson</i>	How related to deceased <i>son</i>						

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>old age -</i>	How long
Immediate <i>chole cystitis</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. W. Cason</i>
	Address <i>Heaguer Lane Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Simon Walkers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

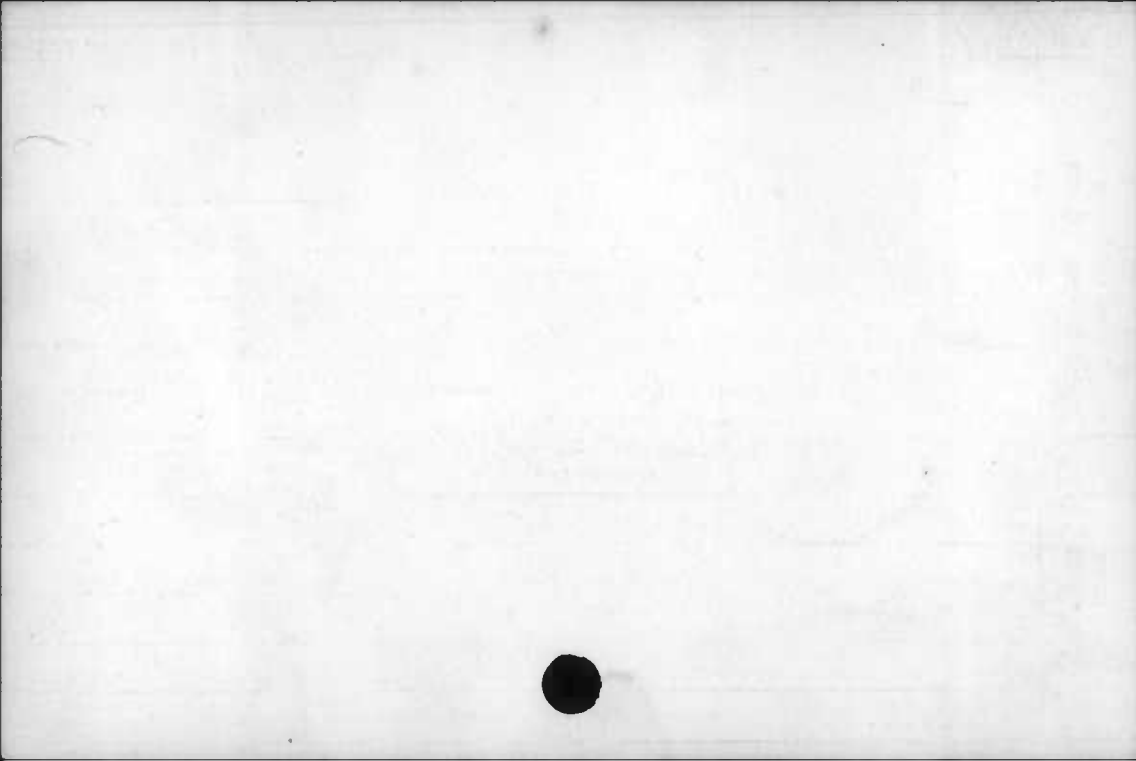
Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>12</i>	Day <i>6</i>	Age <i>76</i>	Years <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Malinda Walkers</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mrs. R. R. Chancy</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>6 months</i>
Immediate <i>Heart Failure</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S W Umstut</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Harry Alonzo Widdows* Town *Hagerstown* County *Wash* MARYLAND  
 Died at *Hagerstown*  
 Date of death 190 *8* Month *12* Day *30* Age *3* Years *11* Months *16* Days  
 Sex *male* Color or Race *white* Birth-place *Md.*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Roy F. Widdows* Father's Birthplace *Md.*  
 Mother's Maiden Name *Katie Ridenour* Mother's Birthplace \_\_\_\_\_  
 Name of person giving Information *Roy Widdows* How related to deceased *Father.*

PHYSICIAN  
OR CORNER

*Infection, wound of heel superinduced by burn - foot sub.*  
 Primary Cause of Death *20*  
 Immediate Cause of Death *Septicemia*  
 Are the name, age, sex, color, data and place correctly given above? *Yes.* Signature of Physician *E. P. Scheller*  
 Address *Hagerstown*  
 Accident or Suicide *No.*

2953



Name  
in  
Full

Miriam Margaret Wiebel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Wash</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec</i>	Day	<i>3</i>
Age		Years	Months		Days
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>Eus. L. Wiebel</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Mattie O. Lushbaugh</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Eus. L. Wiebel</i>			How related to deceased	<i>Father.</i>

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<i>Spina Bifida</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>Since birth</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>O. H. H. Hager</i>
		Address	<i>Hagerstown, Md.</i>
Accident or Suicide?	<i>No</i>		

7/5

Name  
in  
Full

Charles F Wise

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Haystack <sup>County</sup> Washington **MARYLAND**

Date of death 1908 <sup>Month</sup> 12 <sup>Day</sup> 7 <sup>Years</sup> 60 <sup>Months</sup> 4 <sup>Days</sup> 10

Sex Male Color or Race White Birth-place Ind

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Wise

Father's Name Frederick Wise Father's Birthplace Ind

Mother's Maiden Name No Record of Mother's Birthplace unknown

Name of person giving information Mrs. George Miller How related to deceased Daughter

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Nephritis How long 3 or 4 yrs

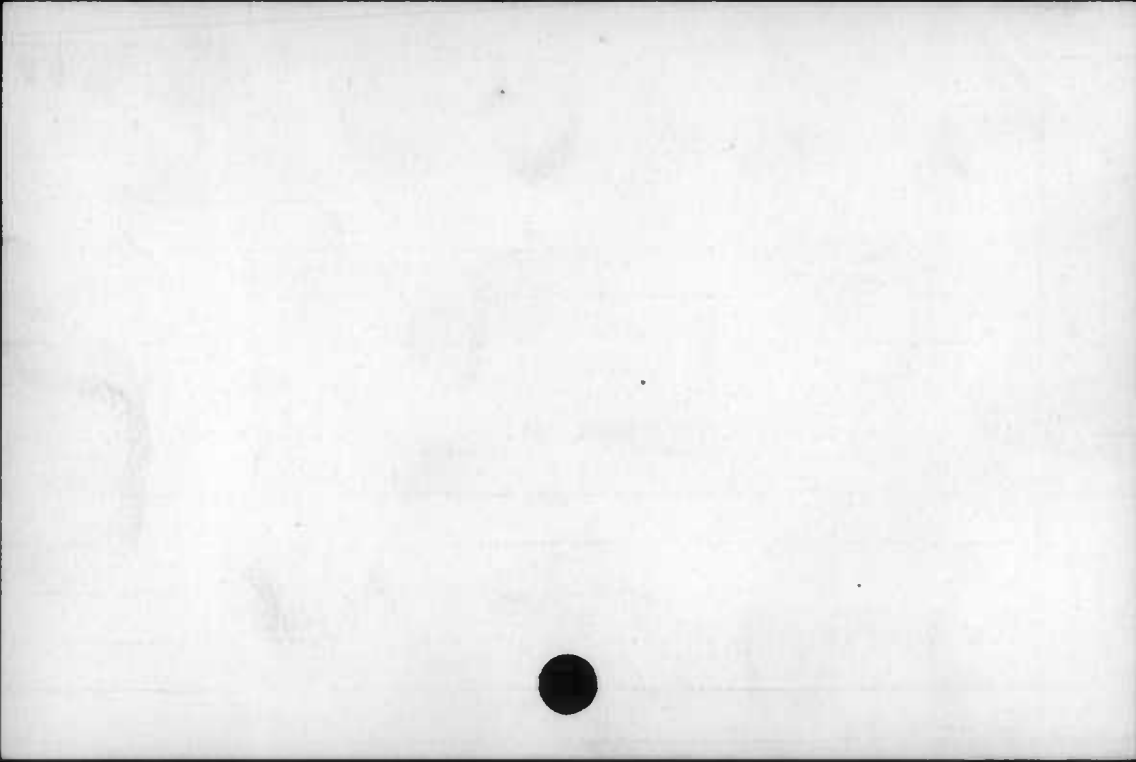
Immediate — How long 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. B. Miller

Address Haystack

Accident or Suicide? —



Name  
in  
Full

Woodyard - Still Birth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Eakles Mill</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>30</u>	Age <u>Premature</u> <small>Years</small>	Months <u>      </u>	Days <u>      </u>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Indy</u>		
Occupation <u>      </u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Samuel Harrison Woodyard</u>			Father's Birthplace <u>Indy</u>		
Mother's Maiden Name <u>Lusan Mabel Calaman</u>			Mother's Birthplace <u>Indy</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature</u>	How long <u>8 Mo</u>
Immediate <u>      </u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. M. Nihiser</u>
	Address <u>Keedyville Ind</u>
Accident or Suicide? <u>      </u>	

